



22, 198 / B / 1

Table

- FAMILIAR

~

Lab R 36

FAMILIAR VIEWS
OF
LUNACY AND LUNATIC LIFE.

FAMILIAR VIEWS

OF

LUNACY AND LUNATIC LIFE:

WITH HINTS

ON THE

PERSONAL CARE AND MANAGEMENT OF THOSE WHO
ARE AFFLICTED WITH TEMPORARY OR
PERMANENT DERANGEMENT.

BY THE LATE MEDICAL SUPERINTENDENT OF AN
ASYLUM FOR THE INSANE.

SPERATE MISERI
CAVETE FELICES.

Burton.

LONDON:

JOHN W. PARKER, WEST STRAND.

M DCCC L.



PREFACE.

THE subject of mental disease, in relation to its history, causes, and the line of conduct which it may be expedient to adopt towards those who are unhappily labouring under its influence, is one which is acknowledged to possess an interest both universal and permanent; yet it is a curious fact, that in these days, when information concerning other matters of importance has many easy and familiar modes of recommending itself to popular acceptance, the only way in which any special and continuous notice respecting this particular topic finds entrance into the world is in the pages of a medical treatise, journal, or hospital report, which do not meet the eye of the major part of the community, or else of a Parliamentary blue-book, the distaste to the perusal of which is so well established as to be almost proverbial. It has seemed, therefore, probable to the

author of the following chapters, that a work in which *all medical and other offensive detail should be entirely omitted* might find favour with such readers of either sex as wish to indulge a rational curiosity regarding the past and present state of knowledge on the subject of intellectual disorder, and the institutions and remedial measures which have, from time to time, been adapted to the purpose of its amendment, and yet are unprepared to encounter reports and session-papers, or prohibited the use of such books as are too exclusively of a professional character. Under this impression he has thrown together, in a volume of no very formidable dimensions, those facts and historical gatherings which will most probably interest the general reader, interspersed with such hints and remarks as are likely to be instructive and of practical value to the uninitiated. As his book is principally addressed to those who have no ready access to the works of professional writers, he need make no apology for having put prominently forward the views and opinions of some of the most esteemed modern authors, wherever he has found

them in accordance with, and confirmed by the results of his own observation and experience.

With these explanations, the author commits his production to the public gaze, in the confidence that any endeavour, however humble, to diffuse a taste for useful inquiry, or to promote the interests of society by pointing out what may be instrumental in raising a smile on the languid cheek of the hypochondriac, fixing the attention of the wandering, or smoothing the ruffled temper of the irritable among his fellow-creatures, will find excuses made for its feebleness by the considerate humanity of the critic.

CONTENTS.

CHAPTER I.

Origin of the word 'Madness'—Other synonymous terms— Madness familiar to the ancients—Its universality— —Numerous ineffectual attempts to define—Dr. Prichard —His division of the subject—1st, Moral insanity— 2nd, Intellectual insanity—3rd, Incoherent insanity— Popular notions concerning Monomania—Moral insanity —Its real existence—Case—Dr. Wake's opinion—That of society in general	1
--	---

CHAPTER II.

Causes of insanity—Subdivisions of, by authors—Inaccuracies in the classification of—Digression—Caution to persons wishing to place their relatives in confinement—Inaccu- racy of statistical reports	0
---	---

CHAPTER III.

a uses of Insanity—Subject continued—Popular belief con- cerning—The moon—Demoniacal influence—Opinion of Paracelsus concerning—Exorcism—Illustration—Robert	
--	--

Burton—Rules of the Romish church concerning exorcism	
—Martin Luther—His plan for the treatment of those	
“possessed”	26

CHAPTER IV.

The symptoms of insanity—Difficulty of medical writers in depicting satisfactorily—Common sense to be most relied on in detecting—Books on the subject not to be neglected—Haslam’s description of the symptoms of ordinary mania—Its fidelity—Should be studied in relation to recent cases—Remedial measures should be adopted on appearance of symptoms denoting the <i>first</i> stage of insanity—Opinions of the faculty regarding its being a bodily disease—Curability of, in the early stage—Danger of delay—Difficulties—Supposed case—Lawyers—Juries—Hopes of future amendment in the popular appreciation of the symptoms of insanity	33
---	----

CHAPTER V.

The treatment of insanity—Divisions of, into Medical and Moral—The consideration of the former not entered into—The moral treatment—Hypothetical case—Pre-requisites of character in those who undertake the treatment of insanity—Conduct to be pursued in the more difficult cases, when managed at home—Exploded opinions—Deception not to be practised—Uselessness of reasoning and argument—Remarks by Dr. Conolly—Note. . .	47
---	----

CHAPTER VI.

Treatment of the insane patient at his own house—Restraint—

Its utility in curable cases—Advantageous likewise in those which are considered incurable—Employment of domestic servants in the application of restraint—Objections to—The hired keeper—Common appearance of—The mode of procuring one—Expense of—Not supplied at the public hospitals—The chequered life of—Remarks concerning as a class—Projected society of—Cautionary remarks concerning 55

CHAPTER VII.

Resumé—Removal of insane persons from the presence of

their friends—Difficulty of laying down any rule concerning—Wherein consists the utility of—Lunatics hostile to their most cherished friends—When removed from home, how to be dealt with—Question considered—Cases very different in different classes of life—Labourers—Mechanics—Domestic servants—The middle classes—Great injury to character which may result from confinement in a lunatic asylum—Supposed case—How to be treated—Mad lodgings 66

CHAPTER VIII.

Treatment of insanity: subject continued—The lunatic asylum, or madhouse—Misconceptions concerning—Hogarth's picture of a scene in Bedlam—Visits to a lunatic

establishment useful—Antithetical character of—Lunatics wrongly supposed to be very amusing—Their ordinary character—Rich and poor, difference between, and why—The employments of the latter—Difficulty of finding any for the insane of the upper classes—Suggestions—Females more occupied than males—Their fondness for talking—Not to be improperly checked—Example 76

CHAPTER IX.

Restraint in lunatic asylums—Controversy concerning—Result of controversy hitherto—Modes of restraint most commonly known—Description of the ‘strait-waistcoat’—The ‘handcuff’—The ‘muff’—The ‘gloves’—The ‘leg-bolt’—The ‘coercion-chair’—Their partial discontinuance 87

CHAPTER X.

Date of the first institution of madhouses doubtful—Bethlehem hospital—Madness treated by corporal punishment and imprisonment—Generality of the practice—Lunatic hospital at Constantinople in the 16th century—Curious description of—Cotemporary treatment of the disease in England—Sir Thomas More—His treatment of lunacy when chancellor—The same general throughout England—Inutility of, in stopping the progress of the disease—Progressive increase of insanity 94

CHAPTER XI.

The Hospital of Bethlehem—Its situation and appearance—Cibber's statues—Pope's allusion to—Original foundation and design of the establishment—Seized by Henry VIII.—Rebuilt—Royal objections—Again rebuilt on its present site—Poverty of the old establishment—Means taken to compensate for it—Tom o'Bedlams—Curious accounts of—Bedlam a peep-show. 104

CHAPTER XII.

Old abuses in the management of madhouses—Act of parliament to correct, in 1774—The College of Physicians—Want of power in—Act of 1808—Act of 1827—Conflagration of York Lunatic Asylum—Establishment of the Board of Commissioners in Lunacy—Its present members—Their jurisdiction and powers—Certificates authorizing the confinement of a lunatic—Form of—Benefits derived from parliamentary interference. 118

CHAPTER XIII.

Individual enterprise in the reformation of the treatment of lunacy—The Bicêtre in Paris—Its state in 1792—Pinel—His courageous conduct—Liberates fifty-three maniacs from their chains—Curious description of some of them—Singular coincidence—The Quakers—They found the 'Retreat' near York—Their methods of treating the insane—Controversy and its consequences—The great merit of the system pursued by the Quakers 128

CHAPTER XIV.

State of lunacy in England at the close of the war—Investigation at Bethlehem Hospital in 1815—Consequences of—Increase of county asylums—Great improvements introduced—Farming and gardening—Sir William Ellis—Destructive and mischievous lunatics—Their employment in handicrafts—Good effects from—Further improvements—The non-restraint system—Reports of Dr. Charlesworth, Mr. Hill, and Dr. Conolly—Other claimants to the title of originators of non-restraint—Their actual merits—Difficulties of establishing non-restraint universally—Reasons for—A trip to Hanwell—The patients there—A peep at the refractory wards—Mode of dealing with a refractory patient—Contrasted with the old mode—The ‘seclusion-chamber’—Advantages of—Note	140
---	-----

CHAPTER XV.

Considerations touching the confinement of lunatics—The private mad-houses—Great improvements in latterly—Ordinary appearance when visited—A discourse with the Doctor of one—What to be learned from—Want of Middle-class Establishments of the cheaper sort—The Public Charities—Bethlehem Hospital—St. Luke’s—Guy’s Hospital—Insufficiency of, for the reception of incurables—Poor people and paupers—Difference between—Anticipations and hopes.	157
---	-----

CHAPTER XVI.

The general literature of lunacy—Lunacy of the dramatic writers—Of the novelists—Nathaniel Lee's remark—Illustrations from Scott's novels—The Anatomy of Melancholy, by Burton—His personal character—Charles Lamb—Dr. Johnson—Their melancholy—Comfort for hypochondriacs. 172

CHAPTER XVII.

Connexion of lunacy with general medical practice—Reason why the knowledge of it has not, till of late years, gained ground—Anecdote—Early application for medical relief again recommended—Resumé—Conclusion. . . . 185

FAMILIAR VIEWS OF LUNACY AND LUNATIC LIFE.

CHAPTER I.

Origin of the word ‘Madness’—Other synonymous terms—Madness familiar to the ancients—Its universality—Dr. Johnson’s opinion concerning it—Numerous ineffectual attempts to define—Dr. Prichard—His division of the subject—1st, Moral insanity—2nd, Intellectual insanity—3rd, Incoherent insanity—Popular notions concerning Monomania—Moral insanity—Its real existence—Case—Dr. Wake’s opinion—That of society in general.

ALTHOUGH it may not perhaps be considered necessary that a performance which only aims at deserving the title of a Sketch Book, should exhibit throughout any very palpable marks of method and arrangement, yet as the mind loves order, and expects to find some semblance of it even in works of the most trifling pretension, it will not be taken amiss if we premise our remarks on Lunacy and Lunatic Life with a short notice of the names and phrases most commonly employed in connexion with the subject, commencing with that which is most ordinary and familiar. The word mad, as Dr. Haslam remarks, is a complex term employed to denote all the forms and varieties of mental disease. Dr. Johnson, in his Dictionary, has derived it both from the Anglo-Saxon

ze-maad and the Italian *matto*. The word, says Haslam, is originally Gothic, **MOÐA**, *mod*, and meant 'anger,' 'rage.' It seems to have been formerly written *Mod*—

Yet saw I modnesse laghyng in his rage.

CHAUCER'S *Knight's Tale*, fol. 1561, p. 6.

Our language is enriched with a number of other terms, many of which, though very expressive in themselves, have only, like mad, or madness, a general signification. We have 'crazy' from the French 'écrasé,' crushed, broken, and still use the same meaning, saying in homely phrase, that such an one is 'cracked.' 'Insane' is borrowed from the Latin—in (negative) and sanus (sound.) Lunatic and lunacy from Luna the moon. For the latter the word 'Lunes'—now quite out of date—was formerly at times substituted.

These dangerous unsafe Lunes of the King—beshrew them.

Winter's Tale.

Why, woman, your husband is in his old Lunes again.

Merry Wives of Windsor.

The Greek furnishes us with 'melancholic,' denoting a black state of the bile, and 'phrenetic,' or as we have corrupted it, frantic, from the word signifying mind. Then we have a multitude of other phrases, some of which have a meaning more or less precise attached to them, while others bear still a signification very indefinite indeed. Deranged (i. e., dis-arranged) out of one's wits, beside oneself, possessed, bereft of the senses, imbecile, idiotic, fatuous, demented, and so forth. The Scotch call a madman

‘daft,’ an idiot, a ‘natural,’ and will say of either that ‘he has a bee in his bonnet.’

That the disorder which passes among us by so many different appellations afflicted the world in times of very remote antiquity, we have abundant proof from the written records of several nations which have been handed down to the present day. It must have been quite familiar to the Jews at the period referred to in the first book of Samuel, where we are told that David, flying from the wrath of Saul, was obliged to resort to stratagem to preserve his life from the violence which he likewise found reason to apprehend from Achish, king of Gath. (Chap. xxi. ver. 12.) ‘And David laid up these words in his heart, and was sore afraid of Achish, king of Gath. 13. And he changed his behaviour before them, and feigned himself mad in their hands, and scrabbled on the doors of the gate, and let his spittle fall down upon his beard. 14. Then said Achish unto his servants, Lo, ye see the man is mad: wherefore, then, have ye brought him to me? Have I need of madmen that ye have brought this fellow to play the madman in my presence? Shall this fellow come into my house? David, therefore, departed thence and escaped,’ &c. The plan adopted by Ulysses to avoid leaving his young bride for the war of Troy, is familiar to the classical reader. The particular manner in which the king of Ithaca chose to exhibit his alleged infirmity, and the mode of its detection, are pleasing illustrations of the rude simplicity of early times. The king goes out as usual to his agricultural labours, but not as usual like a sober ploughman: he yokes together in one

plough a horse and an ox, and sows his field with salt in place of corn. With the view of putting to the test his alleged disease, Palamedes places Telemachus in the furrow before the father, who betrays his sanity by carefully avoiding the infant.

These passages show that a disturbed state of the intellects was at once recognised by the early Hebrews and Greeks as a well-known form of disease, and one, moreover, entitling the person who laboured under it to a consideration either humane or contemptuous, as a being incapable of self-control, and therefore irresponsible for his actions. As to the writings of the Greeks and Romans of a subsequent date, they abound with references to insanity in almost every page,—the poets, historians, philosophers, dramatists, and medical writers, contributing each and all something to elucidate or mystify the subject, from the formal and elaborate treatise to the cursory and allusive remark. The universality of the disease is not shown with the same clearness and precision as its antiquity; but it may be inferred with tolerable safety that no nation under the sun can be said to enjoy an exemption from its attacks. We learn, to be sure, from the reports of travellers of credit, that it is comparatively rare among nations entirely barbarous, and in those whose civilization is not so advanced as our own. Humboldt says that very few deranged people are to be met with among the native tribes which he visited on the continent of America; and in China, Russia, and Turkey, madness is said to be somewhat unfrequent, though by no means unknown. There would seem, in short, to be no nation

so barbarous but it is what Dr. Beddoes calls ‘civilized enough to be capable of insanity,’* and unable, therefore, to boast such a privilege of exemption from evil as would almost have reconciled Dr. Johnson to the doctrine (the constant object of his scornful derision) that a savage life is preferable to one of civilization and refinement, for ‘of all the uncertainties of our present state,’ he writes, ‘the *most dreadful and alarming* is the uncertain continuance of reason.’

In our own country the tendency to mental alienation is not seen to prevail exclusively among any particular classes which are distinguished by intellectual cultivation or otherwise. It is rife in the manufacturing districts of our northern counties, where the minds of men are to a great extent sharpened by education, and it is as much, or if statisticians are to be relied on, considerably more so, among the agricultural communities, where, generally speaking, the opposite state of things may be predicated. Thus the disorder appears to be diffused, though not perhaps in equal proportions throughout the entire surface of the habitable globe, and may be apostrophised in the beautiful language of Penrose, without the exaggeration which must commonly be looked for in the glowing conceptions of the poet—

Hail! awful Madness, hail!
 Thy realms extend, thy powers prevail,
 Far as the voyager spreads his venturous sail,
 Nor best, nor wisest are exempt from thee—
 Folly, Folly’s only free.†

* *Hygeia*, No. 12, p. 40.

† *Madness, a Poem*, by Thomas Penrose.—See ANDERSON’S *Collection of British Poets*.

Indeed, so far from overstating the fact, the poet, in the concluding line of the above stanza, contributes rather to the extension of an error in the opposite direction. To say that Folly only is free from the incursions of madness, has no more foundation in truth than the converse proposition, that great wit or genius, namely, has a necessary alliance with insanity, and may be expected to be found in close and intimate companionship with it. Charles Lamb, in his Essay on 'The Sanity of True Genius,' disposes so dexterously of this latter sophism, that it is a pity he has contented himself with merely hinting at the readiness displayed by a foolish, drivelling person in going out of his wits, who appears, as he quaintly says, 'to have no great journey to go to get past their confines.'* This would have made an excellent subject for another of his admirable chapters on 'Popular Fallacies.'

So much for the evidences of the past and present existence of this extraordinary complaint. Let us pass on to a consideration of its nature and progress. It has been truly enough remarked by Mr. Charles Knight, in his Studies of Shakspeare, with reference to the character of Hamlet, that 'the *quantity alone* which has been written in illustration of it is embarrassing.' If such is the case with regard to the elucidation of a single character in a single play, it may be well supposed, that when the whole subject which makes that character a matter of dispute,

* See his observations on the 'Comic Lunatics,' introduced by Hogarth into his picture of Bedlam.

comes to be looked into, the quantity of written illustration with which it is overlaid must be found not merely embarrassing, but absolutely overwhelming. And so, indeed, it is; and, moreover, when we have travelled through all the works of the greatest divines, lawyers, physicians, philosophers, and poets who have treated of madness, we are still at a loss to find one among them who, within any reasonable compass of words, is able to comprise a precise definition of the thing itself. The great author of *Hamlet* makes no attempt to embody one in any of those terse apophthegms, where all that can be said on many a subject besides, is found compressed within the limits of a single line. Indeed, he gives a humorous expression of his own, as well as of the general inability to do so, in the words which he places in the mouth of Polonius:

Your noble son is mad:
Mad call I it: for to define true madness,
What is't, but to be nothing else than mad?

In short, what Johnson says with regard to poetry applies equally to madness. The endeavour 'to circumscribe it by a definition will only show the narrowness of the definer.'

Dr. Prichard, one of our best modern authors, says, sensibly enough, that as it appears impossible to give a definition of insanity in general terms, without encumbering it with many particular restrictions, the attempt had better be given up altogether. He wisely contents himself, therefore, with endeavouring to secure all the practical purposes of a definition, by determining and classifying the various

disturbances which the mental operations undergo, in order to give a clear and distinct conception of the thing which he undertakes to describe, leaving to others the hopeless task of trying to condense and force what has always proved itself so expansive and intractable into the narrow confines of a nutshell. He arranges the different forms of insanity under three general heads—The Moral—the Intellectual, and (for want of a better designation) the Incoherent; and considers that all varieties of mental derangement may find their place under one or other of these designations. 1st. Moral insanity, according to this author, consists in a morbid perversion of the natural feelings, affections, inclinations, temper, habits, and moral dispositions, *without any notable lesion of the intellect, or knowing, or reasoning faculties*, and particularly *without any maniacal hallucinations*. 2nd. *Intellectual insanity*, is a diseased state of mind accompanied with hallucination; in which the insane person is impressed with the belief of some unreal event, as of a thing which has actually taken place, or in which he has taken up some notion repugnant to his own experience and to common sense, as if it were true and indisputable, and acts under the influence of this erroneous conviction. 3rd. The Incoherent. This is another well-marked division of maniacal cases, in which the *whole* mind, if we may use the expression, seems *equally* deranged. The most striking phenomena in this form of disease are the rapidity and disorder with which the ideas follow each other, almost without any discoverable connexion or association, in a state of complete *incoherence* and

confusion. It is impossible to fix the attention of the patient long enough to obtain a reply to the most simple question. His understanding is wholly lost in the constant hurry of ideas which crowd themselves upon him, and which appear to exceed the power of distinct utterance, while his habits display a corresponding degree of restless activity and extravagance.

Cases of disease affecting the mind, in which the succession of symptoms and the development of the complaint follow the order just pointed out, are, in fact, only samples of a transition from one form or state of mental disorder to another, which is more strongly characterized and more easily distinguished, so as to afford to the lecturer on insanity sufficiently well-marked illustrations of his theme. These forms are often observed in practice, the one merging gradually and imperceptibly in the other, and producing a number of combinations, known under a variety of learned names, while not unfrequently the whole become entirely obliterated, and lost, as it were, in the state to which the patient is at length reduced—that of the merest physical existence—a condition as humbling to the pride of man as it can ever fall to his lot to contemplate in a fellow-creature, and one wherein we are, alas! unable to descry any hope or chance of extrication, or even to admit the possibility of any further debasement—

To which life nothing brighter nor darker can bring,
For which joy hath no balm, and affliction no sting.

MOORE.

No pleasing memory left—forgotten quite
All former scenes of dear delight—

Connubial love, parental joy,
 No sympathies like these the soul employ,
 But all is dark within.

PENROSE.

But, ah! too thick they crowd, too close they throng,
 Objects of pity and affright.
 Spare farther the descriptive song,
 Nature shudders at the sight:
 Protract not, curious ears, the mournful tale,
 But o'er the hapless group low drop compassion's veil.

Idem.

Of the cases which come under public observation, those placed in the last class are the least perplexing to the physician, the jurymen, and the casual observer; those belonging to the second may be more or less so, according to the presence or otherwise of what is called the 'Lucid Interval;' while the very existence of such a state as that which is termed Moral Insanity, is perpetually being called into question by the discordant voices of professional and public opinion. Let a man, who is the subject of a Commission de Lunatico Inquirendo, be unable to comprehend a syllable of what is addressed to him, or begin to 'rave, recite, and madden round the' room, and his person is dismissed at once to the custody of his relatives, while his property is consigned to that of an appointed committee. With regard to another, whose intellects are not entirely clouded, he will often for a short time conduct himself, both in conversation and behaviour, with such propriety, that he appears to have the just exercise and direction of his faculties; but let the examiner protract the discourse until the favourite subject shall have got afloat in the madman's brain, and he will be convinced of the hastiness of his decision. To those unaccustomed

to insane people, a few coherent sentences or rational answers, are sometimes a satisfactory proof of the non-existence of lunacy; but he who is in possession of the peculiar turn of a patient's thoughts might lead him to disclose them, or, by a continuance of the conversation, they would spontaneously break forth. A beautiful illustration of this is contained in the story of 'Rasselas,' where the astronomer is admired as a person of sound intellect and great acquirements by Imlac, who is himself a philosopher and a man of the world. His intercourse with the astronomer is frequent; and he always finds in his society information and delight. At length, he receives Imlac into the most unbounded confidence, and imparts to him the momentous secret: 'Hear, Imlac, what thou wilt not without difficulty credit. I have possessed, for five years, the regulation of weather, and the distribution of the seasons. The sun has listened to my dictates, and passed from tropic to tropic by my direction. The clouds at my call have poured their waters, and the Nile has overflowed at my command. I have restrained the rage of the Dog-star, and mitigated the fervours of the Crab. The winds alone of all the elemental powers have hitherto refused my authority; and multitudes have perished by equinoctial tempests, which I found myself unable to prohibit or restrain. I have administered this great office with exact justice, and made to the different nations of the earth an impartial dividend of rain and sunshine. What must have been the misery of half the globe, if I had limited the clouds to particular regions, or confined the sun to either side of the equator?'

We prefer giving from the page of the novelist this well-imagined exemplification of the particular form of insanity now under consideration, to furnishing a more prosaic one from the case-book of the physician, because, while serving the purpose of illustration, as well as a more exact instance, it reminds us, at the same time, of a view which is commonly, though erroneously, taken of one portion of the subject by the multitude at large. The error referred to has been perpetuated by the invention of a word, the use of which is as popular as the idea which it is intended to convey. It is still very commonly believed that people may be afflicted with what is called a *monomania*, by which phrase it is implied, that though quite beside themselves on one particular subject, they are *in every other respect* in perfect possession of the faculties of the mind—‘*circa hanc illamve opinionem delirant tantum: in reliquis omnibus sanam ostendunt mentem, et sæpe acutissimum ingenium.*’* The notion, says Dr. Prichard, which many persons entertain as to the nature of the disease thus designated is very far from being in general correct. It is supposed that the mind is perfectly sound when its faculties are exercised on any subject unconnected with a particular impression, which constitutes the entire disease. Cases, to be sure, are on record, which, *if faithfully recorded!* fully come up to this description. In general, however, the real character of what is called monomania is very different. The feelings and affections are very frequently in that

* Van Swieten.

state which has been described under the head of Moral Insanity, and *on this* it would appear that some hallucination or maniacal delusion has *super-vened*. This is Dr. Prichard's view of the matter, in which we entirely coincide; inasmuch as, out of many hundreds of cases which have come under our observation, we have never found a single instance of one that could be properly termed monomaniacal, though nothing is so common as to meet with those in which there is a leading or principal topic whereon the mind seems particularly to dwell, the perpetual recurrence to which gives a marked character to the disease—just as some one exaggerated feature in a countenance throws into the shade those that are somewhat less prominent. There are some authorities who will be found to dissent from the opinions here expressed or implied. Howbeit, no one is so bold in the maintenance of a contrary belief, as to let his conduct be influenced by it in practice, at least, as far as his own interest is concerned. If it comes to a man's ears that his banker is reputed to indulge in the notion [however harmless, simply considered] that his wife has presented him with a son and heir in the form of a cucumber frame or a coalscuttle, he immediately withdraws his account; nor does he trust his limbs with the surgeon, or his business with the lawyer, who has given out that his fingers are of cast-iron, or his right leg one of the signs of the zodiac. He never appoints such a person executor to his will, or guardian to his children. For ourselves, we believe that there is no such state of mind as true and bonâ-fide monomania; and that the term, as applied to

any known condition of lunacy, is absurd and unwarrantable.

The consideration of the subject of Moral Insanity opens a field of inquiry and discussion, so extensive, that we dare not venture to ask the reader to traverse it very far in our company. The existence of such a form of disorder is only admitted, and not without scruple, on the faith of the physician well versed in lunacy cases, who, though he may recognise it clearly, and to his own satisfaction, is nevertheless often unable to point out, to the entire contentment of others, the distinctive characteristics which entitle it to be ranked in the catalogue of mental diseases, and pleaded either as an excuse for criminality, or a justification for restraint. Instances are every now and then occurring, which seem to justify the belief that, if it be a disease at all, as according to our view it undoubtedly is, it must be, to borrow a phrase from Southey, 'more a disease of the will than of the intellect.' We cannot, certainly, go the same length with the author of 'The Doctor,' when he says (vol. ii. p. 272), that *this* is the precise state of things 'in most cases of madness.' Nevertheless, there is much good food for reflection in the remarks which he grounds upon this assumption. 'Mad-houses,' he says, 'very insufficiently supply the place of convents, and very ill also. It might almost be questioned whether convents do not well nigh make amends to humanity for their manifold mischiefs and abominations, by the relief which they afford as asylums for insanity, in so many of its forms and gradations. They afford a cure, also, in many of its

stages, and precisely upon the same principle upon which the treatment in madhouses is founded: but oh, how differently is that principle applied! That passive obedience to another's will, which in the one case is exacted by authority, acting through fear, and oftentimes enforced by no scrupulous and tender means, is in the other required as a religious duty,—an act of virtue,—a voluntary and accepted sacrifice,—a good work, which will be carried to the patient's account in the world to come. They who enter a convent are to have no will of their own there; they renounce it solemnly upon their admission; and when this abnegation is made, the chief mental cause of insanity is removed.'

There is no doubt some truth in the 'Doctor's' averment, that the want of these monastic retreats may be one cause why very eccentric persons are apparently more commonly to be met with in English society than in that of other countries. We should, to be sure, be sorry to see them revived for the purpose of keeping out of sight the harmless specimens of this variety of human character; but if it could be shown that their establishment would act as a check on the growth and spread, in its most hurtful shape, of that disease (whether of the will or of the understanding) called Moral Insanity, it were well that they should receive as much encouragement as is compatible with the genius of our government and of our other social institutions.

In some cases, where yet no positive delusion or incoherency seems to be present, the faculty of exercising the judgment has become so obviously im-

paired that society agrees unanimously, and without hesitation, to a verdict of—Non compos mentis. Real and bonâ fide madness, as Dr. Johnson observed, (vide Boswell,) ‘frequently discovers itself by unnecessary deviation from the usual modes of the world.’ — ‘My poor friend, Smart,’ said he, “showed the disturbance of his mind by falling on his knees and saying his prayers in the street, or in any other unusual place. Now although, rationally speaking, it is greater madness not to pray at all, than to pray as Smart did, I am afraid there are so many who do not pray, that their understanding is not called in question.’ Such an instance, however, is somewhat beside the purpose of our present argument, which has more immediate reference to those cases where nine people out of ten may fairly doubt, and are found to do so, than to those regarding which a like proportion will make up their minds at once and decidedly.

Several practical writers who have not, like Pinel, designedly and in set terms marked Moral Insanity as a distinct form of disease, have, nevertheless, left a testimony which is sufficiently conclusive as to its existence. Georget describes this state of disease as a first stage, or as the period of what he terms, with Esquirol, the *incubation* of madness; yet, as he says that it often lasts through the life of an individual, we may consider his testimony as given, in point of fact, in favour of the real existence of moral insanity as a particular modification of disease. Individuals labouring under this disorder, are capable of reason-

ing or supporting an argument on any subject within their sphere of knowledge that may be presented to them, and they often display great ingenuity in giving reasons for their eccentric conduct, and in accounting for and justifying the state of moral feeling under which they appear to exist. It is impossible, in some of these people, to make out that they labour under any hallucination or erroneous conviction of the understanding. Yet there is something in the irregular excitement of the active propensities, which brings home to the mind of one who has a good opportunity of observing it, the conviction that this excitement is morbid, and not entirely within the power of those who are under its influence, to control. In common with those who are obviously quite unsound in the understanding, they have not a sufficiently rational dread of consequences, unless such as are *immediate*, and constantly before their eyes. Such individuals, therefore, while under confinement, are at times merely perhaps fidgety and troublesome, and sometimes not even that; while at large they are disorderly, mischievous, and dangerous. Some maniacs of this sort display their condition by a propensity to commit every species of mischief, though devoid of every feeling of malevolence.

A strongly marked case of this description was pointed out to the late Dr. Prichard* in the York Lunatic Asylum. The individual was a youth of

* See his article on 'Insanity,' in the *Cyclopædia of Practical Medicine*, edited by Drs. Forbes, Tweedie, and Conolly.

good temper, cheerful, and active, having no defect of intellect whatever, that could be discovered after long observation. He was continually prone to commit every kind of mischief in his power ; and at one time escaped from his confinement, and made his way to Bishop-Thorpe Palace with an intention to set it on fire.

Dr. Wake, the physician of the institution, has given his assurance that, during an attendance there of seventeen years' duration, several cases occurred precisely similar to the above, in all essential symptoms, and that he considers no point in the history of madness better established by facts than the existence of Moral Insanity strictly and exclusively so termed, and in conformity with the conditions above laid down. Yet in spite of all such testimony it is probable that this form of lunacy will always continue as hitherto to tax to the uttermost the logical acuteness of judges and lawyers, to perplex the consciences of jurymen, and puzzle the understanding of the public. Few perhaps will entertain a very positive conviction concerning it, except those who have had much experience in the personal care of the insane, and even they will be not seldom beset with doubts and scruples in their endeavour to ascribe to the right cause the conduct of particular individuals which may be submitted to their opinion and judgment. Each case must be decided on its own merits, as far as they can be ascertained ; and if, by sheltering himself under the plea, which our recognition of this form of lunacy readily suggests to him, an egre-

gious felon or murderer occasionally escapes from the infliction of the punishment due to his crime, yet on the other hand, justice is compensated in being able to treat others with the leniency to which their malady fairly entitles them, while it justifies their seclusion from society, the peace of which it is their passion and pleasure to outrage and disturb.

CHAPTER II.

Causes of insanity—Subdivisions of, by authors—Inaccuracies in the classification of—Digression—Caution to persons wishing to place their relatives in confinement—Inaccuracy in statistical reports.

IT is usual with systematic writers on insanity to make two grand divisions of the *causes* to which the disorder may be considered attributable. These are the predisposing, and the exciting, which are again subdivided into two classes, the moral and the physical. In the catalogue of moral causes are found love, religion, grief, fright, &c.; in that of the physical, fevers, intemperance, hereditary predisposition, blows on the head, &c. In the reports from public lunatic asylums which are from time to time published, we see the cases under treatment ranged under one or other of these heads, and tables constructed, showing what number of cases are assigned to each division. This methodical arrangement has its advantages; but, as in many other statistical attempts, the results which have been arrived at are only to be regarded as approximations to the truth. Great difficulty attaches in practice to the determination of the causes of insanity, and with the exciting causes in particular early SYMPTOMS of the disease may be readily confounded. Intoxication, for example, may be the attributed exciting cause of derangement in a particular individual, when, in fact, it is merely a *symptom* of the complaint having taken

possession of his mind. Out of twenty individuals in whom madness and intemperance are found to co-exist, ten perhaps are mad because they drink, but the other ten, persons of sobriety hitherto, have taken to drinking since they became mad, and the stimulant in which they have indulged, reacting on their disorder, has merely aggravated its intensity, while, at the same time, it has masked its peculiarities. In such cases, the common phrase, 'disguised in liquor,' has a more real and appropriate significancy than in those where it is very frequently applied. We may here take the opportunity of giving a friendly caution to the relatives or guardians of insane patients with regard to a practice which, to our own knowledge, is extremely common in all classes of society. We allude to that of giving false or partial statements with regard to the previous condition and habits of those whom they wish to place under treatment for some disorders of the mind. Dr. Haslam complains of the great uncertainty attending the information he was able to procure at Bethlehem Hospital on these heads. 'The friends and relatives of patients,' he says, 'are upon many occasions very delicate concerning this point, and cautious of exposing their frailties or immoral habits; and when the disease is connected with the family, they are oftentimes still more reserved in disclosing the truth.' This foolish and hurtful practice cannot be too strongly reprobated. The cure of insanity is a matter sufficiently difficult with the aid of all the light that can be thrown on its origin; and in cases where that light may be of importance to the practitioner, it is a down-

right act of moral turpitude to conceal it wilfully. There is another most dishonest, though sometimes well-intentioned way of tampering with truth, in which it is common enough for people to indulge, and on which a remark may as well find a place here. Not only is a naturally sullen and vicious temper, or a hereditary taint, where it exists in a patient, made light of, or explained away, but the propensity during the current attack, to do anything disagreeable or dangerous, very resolutely denied, though the latter is sure to develope itself speedily in some hurtful or annoying way, and very likely to the detriment of the patient himself, as well as of others. Such a dialogue as the following will frequently pass between the friend of an insane person and the manager of a lunatic establishment during the preliminary negotiation for the invalid's reception, and before he makes his appearance. ‘(*Doctor.*) So, if I understand you rightly, you say that Mr. ——— is perfectly quiet and inoffensive. (*Friend.*) O yes—quite so—a child may rule him—he would not hurt a worm. (*Doctor.*) Has he ever attempted suicide? (*Friend.*) No. (*Doctor.*) Decent in his language and behaviour, you say, and of cleanly habits? (*Friend.*) Perfectly so in all respects.’ An unwary practitioner, satisfied with such answers to his interrogatories, may here think that he has got a prize in the shape of a poor, quiet inoffensive demi-savant, who will cause neither trouble nor anxiety, and be therefore a welcome addition to the number of his inmates. Clean! Quiet! Inoffensive! Tractable! A perfect Signor Benedick! “Stuffed with all honourable virtues!” Accord-

ingly, the patient is brought, and before he has been ten minutes in the house, he has demolished the contents of three or four window-frames, and knocked the teeth down the throats of his attendants, who are trying to prevent him from strangling himself, or committing some murderous act on a fellow-patient. Now this is no imaginary scene. It is one with which many versed in the practice of lunacy are sufficiently familiar to guard against. Such a question as, 'Then pray, Sir, if your friend is so extremely manageable, and void of offence, why let him be removed from home, and placed among strangers?' will perhaps by degrees elicit the truth; which 'is, that the unfortunate subject of the colloquy is a very dangerous lunatic, who requires, though perhaps only for a short time, very close watching, and most anxious attention, in order to prevent mischief and outrage. There are two ways of explaining such conduct as we here animadvert on. One common reason for concealing the real state of a patient is, lest if represented as dangerous, he should be subjected to some disagreeable mode of coercion, and another is for fear he should not be received into the wished-for establishment at all, as in some private asylums for the insane no violent patients are undertaken on any terms, the proprietors confining themselves solely to the care of those who are quiet and inoffensive, whereby their establishments get a good name for the plan of treatment adopted in them. In either case, it is a most unjustifiable and reprehensible thing to make any misrepresentation on the subject, as there is no calculating the mischief which

may result from so unwarrantable a practice. But to return to the subject of the classification of causes. The words physical and moral seem to be made use of in a most vague and unsatisfactory way. Even in Dr. Conolly's admirable report on the state of the Middlesex County Lunatic Asylum at Hanwell, 1840, the statistical portion affords no exception to the truth of the sarcastic adage, that 'figures are the most fallacious things in the world except facts.' In 22 cases out of 180, occurring among pauper lunatics admitted during the year, the assigned *moral* cause in the document referred to is *poverty*. Among the physical causes enumerated, no case is mentioned as having occurred through the same, or any analogous cause. This is a manifest error. In the report of the Visiting Justices of the Asylum, in the same year, we find the following passage:—'It is a well ascertained fact that the cure of many insane patients, and the mitigation of the malady in nearly all, depend mainly on a sufficient and nutritious diet; and the beneficial results of the increased liberality of the establishment in this particular are manifest, not only in the generally improved appearance of the patients, but in the increasing number of cures, and the decreasing ratio of deaths, &c.' Thus one report affords an undesigned contradiction to the accuracy of the other. There can be no doubt that scarcity of food and destitution was in many, if not in the majority of the cases of these 22 people, the *physical* cause of their disorder. In a different class of patients, on the contrary, poverty, that is, not absolute physical destitution, but the sense of straitened

circumstances, after the enjoyment of comparative affluence, acting on the spirits, would be very properly assigned as a *moral* cause. So much for statistics and classifications, which, even when emanating from the best hands, require to be very carefully scrutinized before any very satisfactory result can be procured from them. Speaking generally, however, there seems to be no reason for doubting the correctness of the common opinions on the subject of madness, in attributing, in a great many instances at least, the occurrence of it to the causes assigned; such as the long endurance of grief, sudden fright, prosperity humbled by misfortunes, intemperance, &c.; in short, as Dr. Haslam says, ‘to the frequent and uncurbed indulgence in any passion, or emotion, and any sudden and violent affection of the mind.’ At the same time, we shall do well to bear in mind one very guarded expression of that writer, who says that though such circumstances may, and doubtless often do, tend to produce the disease, we should speak with more certain accuracy in merely confining ourselves to the statement that they ‘*are most generally found to have preceded it.*’*

* *Observations on Madness and Melancholy*, 1809.

CHAPTER III.

Causes of Insanity—Subject continued—Popular belief concerning—The moon—Demoniacal influence—Opinion of Paracelsus concerning—Exorcism—Robert Burton—Rules of Romish church concerning exorcism.

HAVING remarked on the most commonly accepted belief as to the causes of madness, as entertained by the mass of modern practitioners, it may be as well to notice one or two opinions which have long prevailed on the subject, but which are now abandoned by professional men, and the more educated classes of society generally. Among the uneducated, the most remarkable opinion which still continues to maintain its ground is that of the moon's influence on insanity. When patients are conveyed to the hospitals, their friends, especially if they come from the country, generally state them to be worse at some particular period of the moon. 'Indeed,' says Haslam (writing in 1808), "I have understood from some of these lunatics, who have recovered, that the overseer or master of the work-house himself has frequently been so much under the dominion of this planet, that, keeping steadily in mind the old maxim — '*venienti occurrere morbo*,' he has, without waiting for any display of increased turbulence on the part of the patient, bound, chained, flogged, and deprived these miserable people of food, according as he discovered the moon's age by the almanack.' To ascertain, however, how far the opinion

which suggested this barbarous usage was founded on fact, the doctor kept, during more than two years, an exact register of the cases under his observation, but without finding, in any instance, that the aberrations of the human intellect corresponded with, or were influenced by, the vicissitudes of the luminary in question; to which statement he adds a remark, which should not be lost sight of in considering the prevalence of those ideas—namely, that as insane persons, especially those in a furious state, are but little disposed to sleep, even under the most favourable circumstances, they will be still less so, when the moon shines brightly into their apartments. The opinion, however, of the direct effect of lunar influence on the mind is of great antiquity. ‘Those which were lunatic,’ that is, moon-stricken — *Σεληνιαζομένους*—we find numbered in the catalogue of the sick, in the fourth chapter of St. Matthew, verse 24; and Horace, in his ‘Art of Poetry,’ says—

Ut mala quem scabies, aut morbus regius urget
 Aut fanaticus error, et *Iracunda Diana*
Vesantum teligisse timent fugiuntque poetam
 Qui sapiunt.

We have ourselves met repeatedly with instances of this popular belief, urged, too, with a great deal of earnestness and sincerity; but having been at some pains to investigate the reason of its prevalence, we can add our own to the foregoing testimony, of its having, as far as we can discover, no foundation whatever in truth.

There is another cause to which insanity was for so many centuries attributed, that it is generally

alluded to in books which profess to give anything like an historic account of the disease, but which, at the present day, no longer has a place assigned to it in the catalogue of the practical writer; we mean the direct agency of the devil, or some other evil spirit. The precise bodily, mental, or spiritual condition of persons Possessed, at a period when miraculous interposition was exerted in their behalf, is no subject for speculation in a work of such trifling pretensions as this. What has been left obscure by Farmer and others* who have examined the subject, has little chance of being elucidated by an inferior pen. That their state was in times more nearly approaching to our own, considered merely a variety of the disease which we call madness, is abundantly shown by writers of every sort. Paracelsus having described four kinds of mental disorder, enumerates a fifth, which he attributes to diabolical agency. He calls those labouring under it, ‘*Obsessi, qui a diabolo variis modis occupari solent,*’ and is of opinion that the evil one enters them much in the same manner as a maggot gets into a filbert. (Vide ‘*Fragmentum Libri Philosophiæ de Demoniacis et Obsessis.*’)

These opinions very naturally led those who entertained them to trust less to the powers of medicine for the cure of the mentally afflicted than to the spiritual aid of the clergy; and accordingly we find that the latter were generally called in, sometimes in

* See FARMER'S *Essay on the Demoniacs of the New Testament*, Dr. WORTHINGTON'S *Impartial Enquiry into the case of the Gospel Demoniacs*, and FELL'S *Inquiry into the Heathen and the Scripture Doctrines of Demons*.

aid, at other times to the exclusion of the mere secular physician. Thus in the exquisite scene of fun and frolic, in the 'Twelfth Night,' where Sir Toby and his confederates amuse themselves by treating Malvolio as if he were insane, the Clown is quite in character when he assumes clerical functions, and pretends to try his hand at the endeavour to dispossess the subject of their mirth of the demon which torments him. Maria says, (Act 4, Scene 4,) —'Nay, I prithee, put on this gown and this beard: make him believe thou art *Sir Topas the curate*: do it quickly. I'll call Sir Toby the whilst.' Upon which the Clown says, in a loud voice to Malvolio, whom they have locked into an inner chamber, 'What hoa there;' and then gravely pronounces the 'Pax vobiscum;' the usual benediction of a priest on entering a house,—'Peace in this prison.' —(*Malvolio, from within.*) 'Who calls there?' —(*Clown.*) 'Sir Topas, the curate, who comes to visit Malvolio, the lunatic.' —(*Malvolio.*) 'Sir Topas,—Sir Topas,—good Sir Topas,—go to my lady.'

Here the Clown, without attending to this request, addresses himself at once to his assumed business, and says, apostrophising the Devil, 'Out, hyperbolical fiend; why vexest thou this man?' And again, 'Fie, thou dishonest Sathan,' &c.

Burton, in his 'Anatomy of Melancholy,' brings, as might be expected of him, an immense mass of learning to bear on the subject of diabolical influence. His 'Digression concerning the nature of spirits, bad angels, or devils,' is a rich mine of amusement for those who are fond of a little quaint, out-of-the-

way reading, without having the trouble of making a laboured research for it. Then, in his chapter entitled, "Whether it be lawful to seek to saints for aid in this disease," the zealous old Protestant pours out such phials of wrath and erudition on his Romanist enemies, for their assumption and exercise of the healing power, that no doubt his book holds a very prominent place in the Index Expurgatorius. According to him, all were in league, from the pope down to the bell-ringer and sexton, 'to cozen the commonalty' with all sorts of 'ordinary tricks, only to get money and opinion, mere impostures,' &c. &c. Howbeit, whatever were the tricks which were played off in early times on the credulous vulgar, they do not appear to have had the sanction of authority, for the Canons of the Church pointed out and regularly defined the duties of the exorcists, who received, on their appointment to the office, from the hands of the bishop, a book containing the prescribed forms of exorcism; the use of which, as a remedy for the cure of insanity, was quite in accordance with the received notions of the age. It was the duty of these functionaries not only to pray for the restoration to reason of their brethren who were possessed, (the energumens,* as they were called,) and look after their daily meals, but also to take heed that they were

* See the Canons of the Fourth Council of Carthage.

Canon 90.—Omni die exorcistæ energumenis manum impo-
nant.

Canon 91.—Pavimentum domorum Dei energumeni verrant.

Canon 92.—Energumenis in domo Dei assidentibus victus
quotidianus per exorcistas opportuno tempore ministretur.—
Cabassutii Notitia Ecclesiastica.

busily employed in wholesome exercises, such as sweeping the church pavement, &c., by which idleness might be prevented, and the tempter thereby deprived of a favourable opportunity of assault. This latter injunction contains the germ of one grand modern improvement in the treatment of madness—namely, the systematic employment, when practicable, in some industrial pursuit, of those who are labouring under its attacks; another proof, if any were wanting, of the very little there is of real novelty under the sun. Martin Luther's proposed mode of dealing with cases of demoniacal possession was a very summary proceeding, and contrasts unfavourably with the temperate and rational measures just adverted to. 'Idiots,' he says, 'are men in whom devils have established themselves, and all the physicians who heal these infirmities, as though they proceeded from natural causes, are ignorant blockheads, who know nothing about the power of the demon. Eight years ago, I myself saw a child of this sort, which had no human parents, but had proceeded from the devil. He was twelve years old, and in outward form exactly resembled ordinary children. He did nothing but eat, consuming as much every day as four hearty labourers or threshers could. In most external respects, he was, as I have mentioned, just like other children; but if any one touched him, he yelled out like a mad creature, and with a peculiar sort of scream. I said to the princes of Anhalt, with whom I was at the time, 'If I had the ordering of things here, I would have that child thrown into the Moldau, at the risk of being held its murderer.' But the Elector of Saxony

and the princes were not of my opinion in the matter.' Were the great reformer living in our own day, he would see an institution established in London for the express purpose of giving as much of mental culture as they are capable of receiving, to those members of the community who are found to labour under a congenital deficiency of intellect; and hear reports speaking favourably of the endeavours which are being made to rescue these pitiable beings from a state of darkness as profound as they would find, if, in pursuance of his suggestion, they should be cast headforemost into the waters of the Thames or the Moldau.*

* The Asylum for Idiots, Park House, Highgate, and Essex Hall, Colchester, for the cure and education of the idiot, especially in the earlier period of his life.—Office, 29, Poultry.

CHAPTER IV.

The symptoms of insanity—Difficulty of medical writers in depicting satisfactorily—Common sense to be most relied on in detecting—Books on the subject not to be neglected—Haslam's description of the symptoms of ordinary mania—Its fidelity—Should be studied in relation to recent cases—Remedial measures should be adopted on appearance of symptoms denoting the *first* stage of insanity—Opinion of the faculty regarding its being a bodily disease—Curability of, in the early stage—Danger of delay—Difficulties—Supposed case—Lawyers—Juries—Hopes of future amendment in the popular appreciation of the symptoms of insanity.

WHEN a medical writer sits down to draw out a catalogue of the characteristic symptoms by which we are to distinguish any one of the 'thousand natural ills' to which frail mortality is liable, he cannot always, however skilful, draw such a picture as shall enable the student who has never before seen an example of the disorder in question, to recognise it when it comes before him. He is obliged to warn the learner that when he carries his newly acquired conceptions to the bedside of a patient, he must not expect to have there presented the exact counterpart of what he has seen previously delineated in the book. He desires him, on the contrary, to take into consideration the modifying effect of age, sex, constitution, and so forth; like Locksley, the wary and skilful marksman in 'Ivanhoe,' to be liberal in 'allowing for the wind;' for that otherwise he will assuredly miss the mark he is aiming at; the scarlatina of his hasty

judgment will be pronounced erysipelas by the physician of more matured experience; his ague will turn out to be St. Vitus's dance; or the hope which he has contributed to uphold in the minds of some anxious pair, will 'peradventure be drowned in the waters of a dropsy.' And if these remarks hold good with regard to the writings which treat of such maladies as are called more particularly those of *the flesh*, they apply with tenfold force to such as relate to a disordered state of the understanding, with regard to a right comprehension of which, the difficulties are so perplexing, that when the scholar raises his eyes from his book, and takes a glance at the world about him, he finds himself called upon to clog his judgment, and burden his memory with exceptions so infinite in number and variety, as to drive him to suppose either that a true sample of the disorder in question is rarely to be met with, or that every second man he encounters is indubitably the subject of it. It is not till he has cast aside his book-lore and resorted to the promptings of his unsophisticated common sense, [which Hazlitt well defines to be 'the just result of the sum total of such unconscious impressions as we receive in the ordinary occurrences of life,'] that he can come to any satisfactory conclusion with regard to the case of a stranger on whose state of mind he is desirous to decide and pronounce. In a well marked and exaggerated instance there is, to be sure, no difficulty at all. 'The moping idiot, and the madman gay,' are recognised the moment he sets eyes on them; but so subtle are the finer distinctions between soundness and unsoundness of mind,

that in many cases it depends entirely on the peculiarity of a man's natural disposition, whether he is to be considered *compos mentis* or not.* To 'allow for the wind' is here everything.

In some given case, a child, who has familiarly known an individual not even suspected by many of his intimates of being at all beside himself, shall detect and point out the disease with unerring sagacity of instinct, while there is many a man, more mad than a hare in March, whom it would puzzle the metaphysics of a Locke to show in what precise respect he differs in 'human understanding' from the great majority of his neighbours. Yet we do not mean to underrate the value of book-learning in connexion with the study of madness. On the contrary, it is our desire to impress upon the public that it would be well if they would make themselves more acquainted than is customary with the works of our best modern authors on the subject; for by so doing, they would correct a great many erroneous, and therefore mischievous impressions, and acquire a knowledge of some general principles, the application of which would be of infinite service to the general welfare of society. With the view, therefore, both of illustrating our previous remarks, and of diffusing

* An eccentric physician, lately deceased, one day declared, on his examination in a law court, that, for his part, he believed no one to be of perfectly sound mind except the Creator. 'And from what do you collect,' said Mr. (now Lord) Brougham, wishing to make him utter some still more startling paradox, 'that even HE is perfectly sane?' 'From my constant observation of the justice with which he wields his power,' was the ready and serious reply.

as far as our influence may extend, a taste for the cultivation of this interesting branch of science, we will give an extract from the writings of one of those authorities on the subject who are most in repute—viz., Haslam's clear, concise, and graphic account of Moral Insanity, running gradually into a perverted condition of the Intellectual faculties, and then passing onward into that of complete Incoherence.*

The author, it should be observed, is speaking of mania as it is seen to *reappear* in incurables, who seem quite convalescent, but are subject to such repeated relapses, that they are not fit to be at liberty. The description, however, is equally applicable to the appearances observable on a first attack. 'On the approach of mania,' he says, 'they first become uneasy, are incapable of confining their attention, and neglect any employment to which they have been accustomed: they get but little sleep; they are loquacious and disposed to harangue, and decide promptly and positively on every subject that may be started; soon after, they are divested of all restraint in the declaration of their opinions of those with whom they are acquainted: their friendships are expressed with fervency and extravagance; their enmities, with intolerance and disgust: they now become impatient of contradiction, and scorn reproof; for supposed injuries they are inclined to quarrel and fight with those about them: they have all the appearance of persons inebriated, and those who are unacquainted with the symptoms of ap-

* See ante, Prichard's subdivision of the disease, page 8.

proaching mania generally suppose them to be in a state of intoxication: at length *Suspicion* creeps in upon the mind; they are aware of plots which had never been contrived, and detect motives that were never entertained; at last the succession of ideas is too rapid to be examined; the mind becomes crowded with thoughts, and *Confusion* ensues.'

We can bear testimony to the fidelity of this gracefully penned description of the onset and progressive advance of derangement, as it may be witnessed, not only in such subjects as are constantly liable to a succession of attacks, but as we have seen it occur in those with whom we have been thrown in contact, before the appearance of any premonitory symptom. It is in relation to such recent cases that the hints conveyed in this passage should be studied and enlarged upon. Here is the very selfsame disease, merely exhibited in three different stages of development; and it is a most disastrous circumstance that, in numberless instances, it is allowed to reach the second and even the third stage before recourse is had to any plan of medical treatment, which might have been efficacious in checking its career ere it had advanced beyond the first. There are difficulties, we grant, in the way. The self-willed obstinacy of the patient himself is a bar, perhaps, to the adoption of remedial measures; but it just as often occurs that the ignorance of those about him—who really do not understand, and cannot be made to believe, that a screw is gradually becoming loosened in the complicated mechanism of the brain—is the cause of the fatal delay. But is derangement of the understanding

a matter for medical interposition at all? it will be asked; is the *Mind* to be 'ministered to' successfully by one whose office it is to prescribe for the body, and placed, with any expectation of benefit, under the influence of diet and regimen, herbs, blood-lettings, and chemicals? That this *is* so, under favourable circumstances, is the unanimous opinion, at the present day, of every enlightened practitioner of the healing art throughout the universe; and were it not that we have eschewed entering into discussions of a purely medical nature, we should give here a selection of some of the multitudinous cases which have been detailed by the highest authorities, to exhibit how much may often be done by the timely interference of the physician with disorders of the mind, or rather, with disorders of the body affecting the mind. That lesions of the intellect, and mental disturbances amounting to Insanity, are, whatever may have been the causes which may have acted remotely to produce them, immediately the result of bodily ailment, and that this bodily ailment is often amenable to the power of medicine, are now admitted axioms which have received the sanction of all who have of late years devoted their time and talents to the pursuit of the inquiry. The subjoined abridged list of writers and lecturers, in whose works or teaching this opinion is upheld or assented to, is a sufficient guarantee of its not having been adopted on loose grounds by the profession at large, and the daily experience of those connected with numerous and well-conducted lunatic asylums, in this country

and abroad, furnishes incontestable evidence of its foundation in truth.

Auenbrugger.	Charlesworth.	Morison.
Andry.	Combe.	Monro.
Arnold.	Conolly.	Mayo.
Abernethy.	Calmeil.	Magendie.
Bayle.	Dubuisson.	Muller.
Bell.	Esquirol.	Pinel.
Black.	Foville.	Prichard.
Battie.	Georget.	Reil.
Billings.	Gooch.	Rush.
Burrows.	Hill.	Spurzheim.
Cullen.	Haslam.	Sutherland.
Chrichton.	Hitchman.	Seymour.
Cox.	Hodgkin.	Wake.
Crowther.	Hunter.	Winslow.
Chiarugi.	Lallemand.	

It is to be observed that many of these authorities are men who have by no means devoted themselves exclusively or particularly to the study of mental diseases, but have assisted merely in throwing incidental light on them in the course of their researches on medicine in general. This remark is so far of consequence, as it tends to do away with the suspicion of their views having been narrowed by a too close attention to one favourite subject, or of their having given an undue importance to medicine in connexion with disorders of the mind, for the purposes of self-interest and lucre. Indeed, the great bulk of medical practitioners still continue, as they have done hitherto, to *avoid* connecting their names at all closely with the subject of lunacy, well knowing that the reputation of possessing more than ordinary skill or knowledge in this branch of physic, will be rather detrimental to their interests than otherwise. This

is to be lamented, both for the sake of the profession and of the public. The former lose opportunities of seeing examples of a disorder with which they cannot be too familiar; and the latter, the advice and attendance of the great leading men of the faculty, whose services in the other departments of medicine are justly estimated at the highest price. Such, however, is the intimate connexion of all the bodily functions with the healthy or disordered actions of the mind, that there are few medical treatises of any value which do not exhibit the loss which society sustains in thus deterring their authors from taking a more active share than they are wont to do in the treatment of madness. In a work, for example, now lying before us—a work of standard merit,* the author draws numerous illustrations of the dependence of mental disturbance on the ill-balanced state of the bodily functions, from cases occurring in the practice of many of the London hospital physicians and surgeons—viz., Dr. R. Bright, Dr. Copland, Dr. F. Farre, Dr. F. Hawkins, Dr. M. Hall, Dr. Latham, Mr. Stanley, and Dr. Watson, men who, like himself, eschew linking their names with lunacy practice, but whose remarks show at once their competence to treat a case of madness with as much skill as a case of pleurisy, measles, ophthalmia, or the like. In addition to the evidence of such men as these, who occupy the position of public instructors, we have that of the great body of the profession at large, as

* *On Disorders of the Cerebral Circulation.* By GEORGE BURROWS, M.D., Physician to St. Bartholomew's Hospital.

exhibited constantly in the pages of the medical journals, which abound in cases recited, to show the intimate connexion between mental and bodily ailments, and the efficacy, in numerous and palpable instances, of judicious treatment in arresting their concurrent progress.*

But if men of scientific attainments and practical experience are thus unanimous in their adherence to the important and now well-established doctrine of the amenability of madness in many cases to the power of medicine, they are equally so in the belief that the longer recourse to the assistance of the medical man is deferred, the less chance there is of his services being usefully employed. It is in the *early stages* of mental derangement, before changes, too subtle perhaps for detection after death by the scalpel of the anatomist, have taken place, that the power of medicine is displayed with advantage and effect. Nothing is so much insisted on as the necessity of speedy attention to that disordered state of the bodily functions which, as Dr. Prichard remarks, is frequently, if not generally, found to co-exist with the first appearance of mental disturbance. And yet, for week after week, and month after month, people are allowed to go on suffering under headache, sleep-

* There is, in addition to the ordinary medical periodicals, an excellent one, devoted exclusively to the illustration of mental disease—viz., *The Quarterly Journal of Psychological Medicine*, edited by FORBES WINSLOW, M.D. It frequently contains very interesting articles on the literature of lunacy, and other matters suitable to the general as well as the professional reader. The Americans have more than one work of this sort.

lessness, loss or capriciousness of appetite, &c., and exhibiting at the same time such a departure from their usual manners and behaviour as must, one would think, make it obvious to the commonest understanding, that unless something is speedily done for them, they will soon be on the high road to Bedlam.

If in a person previously staid and sober-minded, the manners are observed to become impetuous—the conversation hurried—and the mind full of projects, the sooner competent medical advice is taken on his case the better. If he is indisposed to submit, and can and will have his own way, there is to be sure no help for it; but where the ruling power resides elsewhere, as in parents with younger people, masters with servants, &c., no false delicacy should be observed, but obedience and submission to discipline be promptly enforced with all the weight of authority. Even rebellion of the subject against the sovereign is held to be justified under such circumstances by the highest human authority.

Be Kent unmannerly, if Lear is mad.

Many a love-sick girl, it is now proved, may have the *reason* which her lost peace of mind has carried with it, restored by the application of a few leeches, or the compulsory swallowing of a dozen or two of nauseous draughts. The doctor's desponding declaration to Macbeth regarding the blood-haunted conscience of a murderess, ought now no longer to be misinterpreted, and applied to the pure though overstrained mind of the maiden whose 'little hand' is

guiltless of aught but penning declarations that have met with a shabby requital, and which may yet, through the instrumentality of physic, be reserved to bless some future swain, and employed on the needle, or piano, in a social atmosphere more genial than can be breathed in the best regulated madhouse throughout Christendom.

Promptitude, however, in these and the like cases, is 'the one thing needful.' Let the time slip on till conspiracies begin to take possession of the thoughts, till the food is impregnated with poison, and each corner of the room very frequently examined to detect the presence of a lurking assassin, and the case may be often enough considered as one of far advanced, and perhaps incurable lunacy. Here-upon the friends wonder and lament, while the neighbours shake their heads sagaciously, say they had foreseen what was about to happen, and wonder that no proper measures had been adopted before. We have here been supposing a case in which the right course is one that may and can be pursued if the mischief is detected in time. Yet in how many instances does it occur that the health, property, and entire social position of an individual is perilled, perhaps altogether sacrificed, on account of the legal and other difficulties which beset the path of his mental amendment. A flourishing farmer who is enriching himself by a course of steady industry, perseverance, and self-denial, has an attack of mania. He will submit to no control—scorns all advice—engages in the wildest speculations, and the most extravagant expense—and is, in fact, fast bringing himself and

family to the brink of ruin. Yet, if any attempt is made to put restraint upon him until he has declared himself in the neighbouring market-place to be of the blood royal, or gone up to London to take possession of the throne—his friends are worried with law proceedings, shown up in the newspapers, and finally compelled to see him running on to beggary and ruin without any let or hindrance whatever.

If a commission *de lunatico inquirendo* is thought of, the chances are known to be so strongly in favour of the jury not 'finding' him insane, unless he exhibits before them some striking and palpable *delusion*, that, *until* this new feature of the disorder is developed, such a proceeding is rarely resorted to. We do not pretend to deny the real difficulty which exists in such a state of things as this. If there were not a very strong popular feeling of jealousy against interference with a man who chooses to ruin himself in his own way, provided he commits no positive breach of the peace, or does not make it apparent that he is on the very point of doing so, the law of the land, and the liberty of the subject, by which we can only hope to profit as long as we fuss ourselves grievously about them, would soon become dead letters altogether. It is true, that in the passage quoted from Haslam, though the phenomena which appear in the first period of an ordinary attack of madness are described with the same accuracy as those which distinguish the second and third, yet, considered in the abstract, they present no views of character which are not of every-day occurrence in the very soundest of minds. This is rendered more striking by taking

it paragraph by paragraph, and explaining away its significance by exhibiting *vis-a-vis* parallel traits of manners and conduct in those whose sanity is never suspected or questioned.

‘On the first approach of mania, they (i. e., lunatics) become uneasy, are incapable of confining their attention, and neglect any employment to which they have been accustomed; they get little sleep; they are loquacious, and disposed to harangue, and decide promptly and positively upon every subject that may be started. Soon after, they become divested of all restraint in the declaration of their opinions of those with whom they are acquainted. Their friendships are expressed with fervency and extravagance; their enmities, with intolerance and disgust. They now become impatient of contradiction, and scorn reproof. For supposed injuries they are inclined to quarrel and fight with those about them, &c. &c.’ In all this, though betokening in such or such a one the most unquestionable unhingeing of the mental powers, there is nothing which one does not witness every day and all day in the ordinary intercourse of society. The world is made up of those who are merely distinguished from each other by the greater or less degree in which they ‘are loquacious,’ and ‘harangue,’ and ‘decide,’ or who, like Lady Margaret Bellenden, ‘winna abide being contradeckit.’ Every school-girl ‘expresses her friendships with fervency and extravagance,’ every journalist ‘his enmities with intolerance and disgust.’ It is thus that the obvious symptoms of mental derangement—obvious at least to many who are acquainted with the natural and

ordinary state of the individual in whom they are exhibited—would be explained away by some ‘Serjeant Buzfuz,’ or ‘Counselloer Snubbin,’ and their existence accounted for on other grounds, to the satisfaction of a jury, who would unanimously agree to a verdict, pronouncing a thorough madman to be in a fit state to manage his affairs, and continue in the control and direction of his family. It is to be hoped that the progressive advance which the world is making in knowledge will enable these anomalies to be more clearly seen and corrected. The more the subject of insanity is looked into, the better it will, for all practical purposes at least, be understood. Juries will look more to the credibility of evidence as the test of the existence of disease in one brought before them, than for the presence of some wonder-striking hallucination, or the exhibition of odd and diverting behaviour. Law and Physic will shake hands and be on better terms of mutual understanding: only they must, of course, though without morbid jealousy, be careful, lest in their zeal for reading aright what is written in the tablets of the human constitution, that other important ‘constitution,’ videlicet, the ‘British,’ may be violated and set at nought.

CHAPTER V.

The treatment of insanity—Divisions of, into Medical and Moral—The consideration of the former not entered into—The moral treatment—Hypothetical case—Pre-requisites of character in those who undertake the treatment of insanity—Conduct to be pursued in the more difficult cases, when managed at home—Exploded opinions—Deception not to be practised—Uselessness of reasoning and argument—Remarks by Dr. Conolly—Note.

HAVING in the foregoing chapters remarked briefly on the history, causes, and symptoms of mental disease, we now come to that part of the subject which must be esteemed the most important of all—namely, the consideration of its treatment. It is usual with writers on this branch of knowledge to make two grand divisions of their subject, taking up, first, what relates to the medical remedies, properly so termed; and, secondly, the moral treatment—that is, the means supposed to exercise a beneficial influence on the mind. As we have, in the outset of our undertaking, eschewed all intention of entering into any details of medical practice, we will at once proceed to discuss some of the topics which fall more immediately under the latter head, in connexion with which we may perhaps be enabled to offer some observations, which will be interesting or useful to the reader. We will suppose, then, that in some form or other, phenomena betokening an aberration of mind have displayed themselves in some important member—the father or mother, for instance—of a family. A medical man is consulted, who confirms

the impressions entertained by the anxious relatives, and the case is declared, though with some circumlocution at first, to be unquestionably one of insanity. What now is to be done? Supposing the case to be in a mitigated form—the patient tolerably tractable, amenable to persuasion, and disposed to submit to such remedial measures as the medical attendant may suggest—the only alterations made in the arrangements of the family are perhaps hardly observable out of it. Some ordinary business may be postponed—the participation in accustomed gaieties declined or evaded—a sequestered watering place sought out remote from the prying curiosity of neighbours—or a tour undertaken on the continent; and, with some inconvenience cheerfully submitted to by the several members of the household, the threat of permanent mischief passes away, the invalid's mind is restored to its former balance, and the family exhibits its usual aspect of internal economy within doors, and social intercourse without. This is as favourable a view both of the result of an attack of insanity in an individual, and of the circumstances of his position in life, which enable it to be encountered with comparatively little disturbance to all parties concerned, as can well be imagined. In such a case, nothing more is required of the patient's friends, than what is dictated by kindness, patience, and common sense—three requisites of character which are peremptorily demanded from all who hope to be of service in the endeavour to bring about the cure of insanity. There is a fourth most essential qualification, however, the want of which would not be so apparent in the sort

of case we have been sketching, as when the many-faced disorder exhibits itself under some other aspects. Without a due exhibition of *firmness*, and an assumption of control, which places all controversy out of the question, it is impossible to put any check whatever on the wayward caprices and humours in which a madman is very often apt to indulge, and in which he cannot be allowed to persist, unless to his own very material disadvantage.

It may here be remarked, that no importance is to be attached to such stories as are popularly current about the power of fascination by a glance, which some doctors are supposed to exercise over their patients. This influence, if ever possessed, must now, as Haslam truly observes, be lamented among the *Artes Deperditæ*. Could lunatics be reduced to obedience by

Strong impressions, and strange powers that lie
Within the magic circle of the eye,

all other restraints would be superfluous and unnecessarily severe. Pinel, in his '*Traité Médico-Philosophique sur l'Aliénation Mentale*,' ironically compliments the English on having the monopoly of this secret, the possession of which, in the greatest perfection, was attributed by common rumour and the journalists of the day to the Rev. Dr. Willis, who was much consulted in the case of George III. 'However M. Pinel may be satisfied of our superiority in this respect,' says Haslam, 'it is but decorous to return the compliment; and if any influence were to be gained over maniacal patients by assumed importance, protracted staring, or a mimicry of fierce-

ness, I verily believe that such pantomime would be much better performed in Paris than in London.*

Where, however, there is simply a real decision of character, tempered with the qualities before adverted to, in some of the leading inmates of a family, the endeavour to carry out the system prescribed by the physician may, even in a worse case than we have described, be persevered in without calling in extraneous aid, or having recourse to the removal of the patient from home—measures which it is obviously desirable to avoid, and which, though frequently, are by no means necessarily and invariably called for. And what, it will be asked, is the best line of conduct to be pursued, under such circumstances, by those immediately about him, towards the person himself who is thus absorbing the attention and anxiety of his friends and dependents? To avoid unwelcome and irritating topics of discussion is, of course, a measure of primary importance to his comfort. To watch him very narrowly, without appearing to do so, is also a very advisable step; and above all things it should be remembered, that in cases where irritability takes an abusive turn, the ‘soft answer which turneth away wrath’ is very often much better replaced by no answer at all. It is astonishing how even concession, *when accompanied by words*, will sometimes irritate a deranged person into a continuance of passionate reproach. It seems only to suggest new topics of anger; and where imaginary grievances are complained of, to lead merely to a

* *Observations on Madness and Melancholy.*

prolonged reiteration of them. This line of conduct, however, is only recommended to be observed during an occasional outburst of vituperative vehemence on the part of a patient; it should not be persevered in to the extent of appearing to degenerate into habitual indifference, which is perhaps more annoying than angry recrimination to an insane man, as it invariably is to one who can boast the full possession of his senses. It has been proposed by some, and even such enlightened physicians as MM. Pinel and Esquirol have laid some stress upon the point, that the practice of non-contradiction pursued towards a lunatic should be carried into the opposite extreme, and attempts made to indulge his illusions to a certain degree by a feigned pretence of participating in a belief of their reality. Having proceeded thus far, we are to hesitate, to doubt, to investigate, to be convinced, and then, producing striking and undeniable proofs of the falsity of our adopted notions, to surprise our patient likewise into a recognition of the erroneousness of the impressions we have shared with him. All these schemes and stratagems are very plausible and ingenious; but as regards their practical application, they are utterly unserviceable and valueless, and have been abandoned, therefore, to the use of the writers of fiction, by whom they have been repeatedly embodied into tales affording a curious and inexhaustible variety of entertainment.*

* See, for example, Mr. Warren's amusing story of 'The Turned Head,' in the *Passages from the Diary of a late Physician*.

If the cure of lunacy could be accomplished, or even materially hastened, by trickery and fraud, there are few casuists who would be scrupulous enough to object to their employment. Experience, however, shows, that in our intercourse with the insane, the golden maxim of honesty being the best policy, holds good in the long run. The less they are deceived while they are ill, the more they are likely to receive the truth without suspicion when they become convalescent; and as no good result is known to have been achieved by fostering their delusions, we shall best consult their interests and our own by making as few departures as possible from veracity. It must be borne in mind that the memory of a madman remains oftentimes exceedingly sound, while his faculty of judgment is much out of repair. He resents, therefore, the attempt at deception as much as a child, with whose mind it is as foolish and short-sighted as it is unjustifiably wicked to tamper merely for the sake of a little temporary convenience.

The parallel, nevertheless, between the youthful mind in a state of development, and that of the adult in a state of aberration, must not be pushed too far. We find that reason and argumentation set directly before a lunatic, will do no more for him than if adroitly introduced by a sagely devised scheme of stratagem and finesse. 'The incapability of reasoning and of acting reasonably,' says Dr. Conolly, 'constitutes the malady, and it cannot be forcibly overcome.' When it begins to disappear, he adds, and the patient is becoming convalescent, then his efforts may be assisted; but the assistance should be ten-

dered by delicate hands; and to know when to desist is not less important than to know how to begin. Before convalescence, a patient should not be *bored* with anything beyond occasional short conversations, or single remarks calculated to make an impression. These are commonly remembered and meditated upon by such as they can alone with any propriety be addressed to. But conversations more prolonged, (if forced on a lunatic, and not suggested by himself,) or any persevering attempt to make him reason, are generally useless, and now and then mischievous. It is common to hear from a deranged person such an observation as 'I know what you say is right, and yet I cannot think so;' or, 'I know who you are, and yet I do not seem to know you;' or, 'I wish to do like other people; what is the reason I cannot?' Persons in such a state will complain with great sorrow of having 'horrid thoughts,' and of a propensity without the wish* to kill themselves or hurt others. They sometimes after recovery confess that they knew those about them, but could not with all

* The significance of this phrase of Dr. Conolly's will forcibly strike those who are unable to look from even a moderate height without feeling a strange irresistible impulse to jump headlong downwards. It is certainly not a *DESIRE* to do so, but a 'propensity without the wish.' Byron alludes to this curious effect of giddiness in the fourteenth canto of *Don Juan*, using, however, the word '*wish*' in a different sense from Dr. Conolly:

'When the mountains rear
Their peaks beneath your human foot, and there,
You look down o'er the precipice, and drear
The gulf of rock yawns, you can't gaze a minute
Without an awful *wish* [?] to plunge within it.'

their efforts prevent themselves calling them wrong names, or abusing them. They will say that they knew at the time, when they were using abusive language, that it was wrong and unjust to do so; but that they could not help it. All this shows the little hope there is of deriving advantage from *direct reasoning* with the insane. Any such indirect methods, however, of acting on the mind, as common sense or observation may suggest, and which are not calculated to fatigue and worry the patient, may properly enough be resorted to; and we may trust to their continued influence in doing something towards bringing about a restoration of the brain and nervous system to a condition in which the language and actions may become subordinate to a well-regulated will.

CHAPTER VI.

Treatment of the insane patient at his own home continued---

Restraint—Its utility in curable cases—Advantageous likewise in those which are incurable—Employment of domestic servants in the application of restraint—Objections to—The hired keeper—Common appearance of—The mode of procuring one—Expense of—Not supplied at the public hospitals—The chequered life of—Remarks concerning as a class—Projected society of—Cautionary remarks concerning.

IT appears from the observations made in the preceding chapter, that under favourable circumstances, favourable both on the part of the patient and his friends, as respects the particular form of *his* malady and social position, and *their* capacity for management, a person labouring under an attack of derangement may very well be cared for under his own roof, or, at any rate, in the bosom of his own family, without the intervention of strangers, unless we count as such any necessary visits from his medical adviser. It very frequently occurs, however, that some of these conditions are absent. The patient is too violent or troublesome to be dealt with on such easy terms, or those about him are incapable of rendering him the requisite attention; and then it becomes necessary to resort to the assistance of some properly qualified person in order to prevent disorder and mischief at home, or the necessity of removing thence their would-be promoter.

It will here be asked whether, independently of the fulfilment of these prudential purposes, there is any positive advantage to the mental condition of a lunatic likely to accrue from having him placed under control? Does the power which we possess over his words and his actions exercise *directly* any wholesome influence over his understanding? The fact of there being a vast number of people who remain incurably deranged, though very orderly in their manners and conduct, (the latter condition depending entirely on the control to which they have been, and continue to be subjected,) seems to militate against this being affirmatively answered. Nevertheless we must not cast away all analogy between the sound mind and the unsound, and conclude that thoughts, words, and deeds do not sometimes mutually react on each other, and hold the same relationship in the case of the madman as in that of the man of undamaged intellect. Without, however, going into the philosophy of the matter, we may state it as a fact established beyond dispute hitherto, (all who disagree on other points concurring in this,) that a deranged person who is obliged to submit to a certain degree of restraint, has a tenfold better chance of speedy recovery than one who is allowed to pursue all the dictates of a disordered fancy unchecked by authority and discipline. With a view, therefore, to the curability of a patient, restraint, under some modification or other, must be considered as of primary importance in the treatment of lunacy. Even where that view is abandoned, and the disease has become established beyond hope of cure, it is of

infinite service to the well-being of the patient, as well as of those who are about him. Considering how much we are the creatures of habit, it might naturally be hoped, and experience justifies the expectation, that even madmen might be benefited by bringing their actions into a system of regularity. It might, to be sure, on the other hand, be supposed that, as thought precedes action, whenever the ideas are incoherent, the actions will also be irregular. Most probably they would be so if uncontrolled; but custom, confirmed into habit, soon destroys this propensity, and renders many deranged people correct in their behaviour, though they remain exceedingly disordered in their intellects. There are to be found in every large lunatic asylum a number of patients whose ideas are in the most disordered state, who yet act upon ordinary occasions with great steadiness and propriety, and are capable of being trusted to a considerable extent. This is certainly a curious fact in the history of the human mind, and might lead us to hope, were it not for the hostile opposition of experience, that in *all* such patients different habits of *thinking* might somehow be superinduced, and that thus irregular associations being corrected, the state of their intellects might become more of a piece with the sobriety of their conduct. Mankind knows not what improvements may be lying hid in the dusky twilight of futurity. Howbeit, as we have no aptitude for prying into her secrets, but aim only at giving ‘an abstract and brief chronicle of the times’ past and present, as far as they connect themselves with our subject, we will proceed to mete out to our

readers some little detail of the modes in which coercive measures, when resorted to for acting on the condition of the insane, may, according to the experience of the day, be applied with advantage, or otherwise. To employ in such cases as those referred to, a page or two back, an ordinary servant to do the duty required from a proper attendant on the insane, is to ensure such a multiplication of *desagrémens* as will quickly make apparent the necessity of looking out for an efficient substitute. The respect and distance usually observed by servants towards their employers will naturally interfere to prevent their exercising the required control without the assistance of actual bodily restraint, and if it becomes unfortunately necessary to resort to the latter expedient, of course the last instrument chosen to inflict such humiliation on a master or mistress, should be one of their own domestics. It is usual, therefore, for those who act under medical advice, to engage the services of one of a class of persons of whom most of our readers must have heard, but of whom they would perhaps willingly know more if they could do so through any other medium than that of personal communion. There is a sort of doleful prestige attaching to the name and office of a ‘keeper,’ as those employed about the insane are very commonly termed, which inspires a certain degree of mysterious awe, and the word has so long been connected with disagreeable associations, that the governors of Bethlehem Hospital, and we believe of most other similar institutions, have substituted for it that of ‘atten-

dant," in order to divest the patients as far as possible of the idea of confinement.

In the neighbourhood of St. John's Wood, in sequestered walks about the parks, or the quiet suburban parts of London, one often encounters a gentleman whose peculiar look, either of fixity or restlessness, and somewhat of purposelessness in gait and manner, would at once betoken the mental invalid, even were there not hovering at hand a well-dressed, grave-aired sort of person, who is evidently neither friend, relative, nor servant, and by whom the promenade is followed with a pertinacity which must have suggested to Mr. Dickens the idea of the man who was haunted by his own shadow or second self. This latter personage is the functionary in question, the 'keeper' or 'attendant,'—an individual who very often holds a charge of great delicacy and importance, and in the selection of whom for his office, therefore, there is a great deal of onerous responsibility devolving on all parties concerned. If the aid of one of these useful but unpopular characters is required in a great hurry, the only way of procuring it is to apply to the manager of a private lunatic asylum, who is generally prepared to furnish an attendant, either male or female, at a minute's notice, for whose services the usual charge in the neighbourhood of London is a guinea a week, payable to the proprietor of the establishment in question—in addition to which, the employé expects a *douceur* varying from half-a-crown weekly and upwards, in reward for his diligence, skill, and attention. Although there is no

particular law regulating this practice, an applicant will hardly be successful in the pursuit of his object unless he takes with him a few lines from a medical man, stating the name and address of the patient on whose account the application is made, and certifying that he is in such a condition of mind as to require protection and surveillance. It is of no use to seek this sort of assistance at the public hospitals, as it nowhere enters into the plan of their government to undertake anything of the sort—at least, to the best of our knowledge this is so. Many of the private establishments, on the contrary, especially the larger ones, are supplied over and above their regular complement of keepers with a greater or less number of extra hands, who hold themselves in readiness to ‘go* out on a call,’ as the technical phrase is among them, at the instant they are sent for. The life led by people thus engaged is a very strange and desultory one. It is the latter characteristic, no doubt, which constitutes its charm, and causes it to be preferred by many to more steady, regular, and methodical service. Sometimes their duty is of a most fatiguing and harassing description. They may have to pass weeks, nay, months, with scarcely an opportunity of changing their clothes—their sleep broken by watching, their meals snatched in haste, and in the daily and nightly endurance of such contumelious insult and invective as can be paralleled only in the

* This phrase occasionally appears in newspaper advertisements, and sadly puzzles the uninitiated—*e. g.*, ‘Insanity.—A respectable, middle-aged man wants a situation in a Lunatic Asylum. Has been accustomed to go on calls,’ &c. &c.

famous fish-market in Thames-street. At other times, these employés make a point of indemnifying themselves for hardships, past or prospective, by leading a life as idle and luxurious as can be imagined. Their duties are light, (their patients being well enough, perhaps, to pass most of their time in the society of their own proper circle,) and they have nothing to do, therefore, but to eat, drink, sleep, dress, and amuse themselves with gossip and flirtations in the kitchen, to which part of the house it has occasionally occurred that they have not confined themselves in paying or receiving attentions. Many of the female attendants are very showy, dressy, good-looking young women; and should the anomalous half-and-half sort of position which they often occupy temporarily in a family, give them the opportunity of 'bettering themselves,' it cannot be expected but that they will avail themselves of it, if the brother of their patient should happen to be loitering at home, and of an age when most youths are more given to matrimony than to the exercise of discretion in choosing a partner for life. The same sort of observation holds good with regard to the men; some of whom being stalwart trim-built fellows, have been known to make themselves more agreeable to the ladies of the house where they have been staying, than to the kith, kin, and allies of the family at large.

We trust that we shall not be deemed to have made these observations in a spirit either of levity or depreciation. There is no class to whom so much is owing, and who, at the same time, as a class, have so

little of public notice or encouragement bestowed on it as that of which we are speaking. They are people, of all others, whom having been obliged to have recourse to in our trouble, we wish the least to see again when the days of affliction are past. The monthly nurse of every grade, from Mrs. Lily downwards to Mrs. Gamp, is everywhere an acceptable and popular person—the regular mad-nurse nowhere. They have got a name for cruelty and tyrannical conduct to those under their charge, which the innocent must be content to bear alike with the guilty; for the real good qualities of the former are generally only known to those who like to say as little about them at all as they can possibly help, on account of the privacy with which custom has enveloped the malady they have often to encounter under its most revolting and terrible aspect.*

Having hinted to our readers at what it is expedient in some cases to guard against in their intercourse with these attendants, we beg to give our testimony to the very exemplary character which some of them deservedly bear for honesty, straightforward conduct, and propriety of demeanour, to say nothing of the skill and command of temper with which they

* Some years ago, Sir Alexander Morison, one of the physicians to Bethlehem Hospital, set on foot an association under the name of 'The Society for Improving the Condition of the Insane,' of which the Earl of Shaftesbury is president, and the Earl of Arundel and Surrey, and the Right Hon. Lord Somerville, vice-presidents. It embraces, among other objects, that of giving such pecuniary rewards as its funds will allow to attendants on the insane, who are highly recommended for good character and conduct.

have been known to discharge for years the irksome and onerous duties confided to them—qualities which have won for them the respect and esteem of hundreds of respectable individuals by whom the value of their exertions can never be over-rated, however little it may be blazoned abroad.

‘I speak not this’ (said Dekker, two centuries ago) ‘against all keepers—God forbid!—a number of them are motherly, skilful, carefull, vigilant, and compassionate persons; good nurses indeed, necessarie helpers in time of sad extremetie, but I will against those who fearing neither plague, nor death, nor any danger, have been the ruine and confusion of many a life. May they repent and amend.’—*English Villainies*; chapter concerning the ‘Abuses of Keepers, Nurses, &c.’

Some few years ago an attempt was made among such of the class of keepers as had no regular engagement with the asylums, to organize a society among themselves, and act independently of any recommendation except from medical men in private practice, and such other certificates of character as each individual member might possess, or be able to procure, which would be satisfactory to their registrar or other governing officer. This scheme, we imagine, has dropped for want of support, as we have seen no public announcements lately of its continuance. If thoroughly well managed, and conducted by people of known character and integrity, such a plan might, we think, be advantageous both to those engaged in the employment of ‘attendance,’ and to the community at large. At present, and in default of any such

existing institution, the public must be content with such guarantee of the respectability of the persons entrusted with the immediate personal care of the insane, as the managers of the private asylums can give, who, as their own credit is to a certain measure at stake, are naturally anxious to send out such of their servants only as they can honestly recommend. Nevertheless, any remarks cautionary or informant on this subject, will not be deemed misplaced by our readers, any of whom may, at a time when it is least expected, be thrown into collision with people who must be empowered to exercise over their dearest relatives and friends a control such as the law scarcely even delegates to the jailor, or the military and naval codes to the commander of a regiment or the captain of a man-of-war. It is of the greatest importance that the conduct of the hired attendant should be very closely watched. Out of such a large body of people, exercising a calling which has no great deal of respect attached to it, it must be expected that though there are many very trustworthy, there are others to be met with who are just the reverse, and who are ready with all sorts of excuses by which trouble is to be evaded, and their own ease indulged at the expense of their patients, whom they can abridge of their liberty or subject to harsh treatment, where the exercise of patience and forbearance would be more efficacious and much less irritating. It is, in truth, a very difficult thing for those who are unaccustomed to the treatment of insanity, to judge of the amount of forcible coercion with which it is necessary to meet a sudden outbreak of violence, or to

curb an habitual disposition to it; but this much is certain, that with a person of tact and temper, in nine cases out of ten, a personal conflict is avoided, where with a clumsy-minded or ill-conditioned individual, it is brought on by his own stupidity or intemperance, and charged, of course, to the account of the patient's refractory disposition.

He that would govern others, first should be
The master of himself, richly endued
With depth of understanding, height of courage.
MASSINGER'S *Bondman*.

The *modes* of restraint which it may be expedient or justifiable to use, will be more properly discussed in a subsequent chapter.

CHAPTER VII.

Resumé—Removal of insane persons from the presence of their friends—Difficulty of laying down any rule concerning—Wherein consists the utility of—Lunatics hostile to their most cherished friends—When removed from home, how to be dealt with—Question considered—Cases very different in different classes of life—Labourers—Mechanics—Domestic servants—The middle classes—Great injury to character which may result from confinement in a lunatic asylum—Supposed case—How to be treated—Mad lodgings.

WE have hitherto been considering what is ordinarily termed the moral treatment of insanity under two aspects. The first course which common-sense and humanity suggest in dealing with a fellow-creature whose mind is in a disturbed state, is the exhibition either of mild forbearance or of persuasion only in its gentlest form; that failing, we resort, in the second place, partly in self-defence, partly for the sake of the sufferer himself, to some mode of coercion. The measure next in order to be considered, which policy points out, and of which experience confirms the utility, is a partial or complete separation of the deranged person from the presence of his family, and all the influences and associations of home. Not that these measures are here exactly stated either in the regular and usual order of their adoption, or in that which it would be always advisable to pursue. What had best be done *first* in a case of derangement must depend upon the particular circumstances of the

patient, and the nature of the malady. No precise rules can be laid down for the guidance of those seeking instruction on this point, inasmuch as no two cases exactly alike are found to occur in any class of life, from that of the king to that of his established antipode, the cobbler. The unsuccessful issue of the treatment of George the Third, who was incurably lunatic during the ten latter years of his life, shows that we cannot reckon upon a happy result by always beginning at the beginning. With him, of course, everything which kindly and deferential forbearance could suggest, had ample trial before the step was ventured on of subjecting a monarch accustomed to be 'hedged' in only by his own majesty, to the slightest abridgment of his personal liberty; while, on the other hand, during his time and since, many a poor mender of shoes has doubtless been, on the first appearance of symptoms betokening derangement, unceremoniously snapped up by the parish beadle, and carried off in a strait-jacket to Bedlam or St. Luke's, whence he has emerged in a few weeks, rejoicing in the perfect and permanent restoration of his reason.

That great benefit is frequently conferred on an individual in a disordered state of mind, by removing him from home, and placing him under the care of strangers, is a fact so well established by a multiplicity of evidence, that it need not be here insisted on at length. But admitting it to be unquestionably established, how is it to be accounted for? Have mad-doctors any remedies for the cure or mitigation of lunacy, of which they have contrived hitherto to monopolize the secret, and which they may dispense

or withhold at their own will and pleasure? In truth, they have none; and in many instances where a cure is expedited under their hands, it would seem to be simply because the patient is taken away from what, so far from being a comfort to him, is, in fact, a source of perpetual worry and irritation—namely, the presence of his own friends and relations. This may seem paradoxical, but it is nevertheless strictly true. If a lunatic has a particular and rooted aversion, in nine cases out of ten it attaches to the very person who before the attack possessed his tenderest affection; hence it is, as Esquirol remarks, that he is so indifferent to his relations, and oftentimes so dangerous; while, on the other hand, strangers are, comparatively at any rate, agreeable to him.

The presence of strangers will frequently suspend the delirium of the insane, either by the influence of new impressions, which is always useful, or from a secret feeling of self-love, which induces lunatics to conceal and screen from general observation the state of mind which they are conscious of having betrayed to those immediately about them. Patients are seen not unfrequently to appear quite calm before their physician or strangers, while they are at the same time abusing their relations or their friends in an undertone of voice.

There can be no doubt, then, that whenever lunacy is seen to exhibit itself in this particular form—when ever the husband or wife, or sisters and brothers, as the case may be, with whom a deranged person must necessarily be frequently in contact, have become the causeless objects of his suspicion and hatred—when

they are the imagined contrivers of all the plots and conspiracies which a madman so perpetually conceives to be in course of hatching against himself, the sooner he is removed from the scene of their supposed machinations the better. No man in any state of mind can possibly derive comfort from the presence of those whom he accuses in the language of Mad Tom, of having ‘laid knives under his pillow, halters in his pew, and ratsbane by his porridge;’ and to whom it is imputed that they have ‘made him proud of heart, to ride on a bay trotting-horse over four-inched bridges, to course his own shadow for a traitor.’* Reason and analogy would suggest that this must be so; observation shows that it decidedly is so; and therefore if we wish to do him ‘some charity whom the foul fiend vexes,’ we may in a great number of instances use no scruple in pronouncing on him a sentence of temporary divorcement from his home—and the household gods whom his distempered imagination has converted into the likeness of malevolent demons.

But to whose custody are we to consign the invalid when the subject has been duly discussed, and the conclusion arrived at that his separation from home would be in itself advantageous and salutary? This is very often a question more perplexing than any which may be supposed to occur in connexion with the subject of his treatment, and must be determined by circumstances irrespective of the consideration of merely facilitating and hastening a cure. In those

* *King Lear.*

classes of life where the pecuniary means are scanty in proportion as the station is humble, there is but little or no choice; and it is fortunate that in many instances there is no set-off to be reckoned against the benefits which result from an early and prompt recourse to one of the public hospitals. The husbandman or the journeyman mechanic may be seen constantly resuming his labours on his return to convalescence, without his peace of mind being troubled by the remarks of his neighbours, inasmuch as his prospects are not marred by any supposition on the part of his employers that his right hand has lost its cunning, because his head has lain for a while under the imputation of having done the like. With domestic servants it is unfortunately different. An attack of insanity is often a bar to the resumption of their previous occupation in the situation they were holding at the time of its occurrence, and it will be easily conceived that with them the difficulty of procuring another engagement on dismissal from a lunatic asylum is very often quite insuperable. To have been the means, more than once, of getting employment for an individual thus unhappily circumstanced, by overcoming the scruples of the master or mistress of a family, and inducing them to depart from the beaten track of prudential observance, is a source of pleasing recollection, in which we can indulge, without having had as yet any cause to regret the unsuccessful issue of an experiment which few are willing to hazard. Our failures in the like attempt have, however, been most discouragingly frequent. Nor do we impugn the judgment or feel-

ing of the public on this score. Individuals may choose for charity's sake to incur risk, without blame attaching to others for declining to follow their example. We merely mention the circumstance to show how general is the feeling concerning the permanently disabling effects of insanity; so much so indeed is it, that a single attack, if at all protracted, is considered at head quarters so completely to disqualify the soldier or sailor from continuance in the service, that he is often induced, Ulysses-like, to feign madness in order to procure his discharge. Such a one is called a malingerer or skulker. The latter term is more exclusively used in the navy.

But in the cases to which we are more particularly adverting, the craft of the Homeric dissembler would often be gladly made available to induce a belief that *no* such disqualifying affliction as insanity had ever occurred to the applicant for place or preferment. This observation applies with more or less force to thousands depending on their exertions for a livelihood, besides those who are in the rank of domestic servants, and particularly to such as seek to be in any office requiring more than ordinary trustworthiness and circumspection; and the higher the standing occupied by the convalescent in the social scale, the greater may be the difficulty which herein besets him. Such a functionary, for example, as Lowten, the copying clerk, might, on his release from confinement, reasonably expect permission to resume his high stool and desk in the outer office of Mr. Perker, the solicitor; but it is questionable if even the good-natured Pickwick would not have some misgivings about

consulting Mr. Perker himself, his well-known legal adviser, were he, on calling at Gray's Inn, to find him in precisely similar circumstances.

It is, then, with a view of calling earnest attention to the subject of the disposal of lunatics requiring temporary separation from their friends, that we are thus, we trust not too tediously, diffuse. It is in cases of a first attack more particularly, especially where the subject of it is in the middling classes of life, or in domestic service, that a great deal of caution should be exercised. When once such a person has been within the walls of a lunatic asylum, the chances are that a very serious damage has been done to his reputation. He carries about him a blot on his character which time will not easily efface. He has been mad! He has been the inmate of a mad-house! He has been entered in day-book and ledger as a madman; and though it may never occur to him again in the whole course of his after life to 'put an antic disposition on,' yet he cannot persuade the public but that he is at all times ready to do so. He has become a marked man. The least peculiarity in him, which would be unnoticed in another, merely confirms the general suspicion, and he may carry to the grave a reputation for unsoundness of mind, which, but for the well-meant indiscretion of his friends, it would never have occurred to any one to bestow on him. We are not saying that this is a state of things which can always be prevented. We merely wish it to be understood that it occasionally may, and that sometimes mischief has been allowed to befall an individual, which would not have occurred

had some different course been adopted with regard to his treatment. Take, for example, such a case as that of some young medical student. He comes to town provided with funds for paying the expenses of his lectures, &c., gets into a bad set, loses his money at cards, drinks freely to drown his vexation, and then 'grief aids' debauch; 'remembered folly stings;' his reason loses her balance, and he becomes the subject of a violent attack of mania. His friends are now sent for—all is confusion—they know not what to do—when some one suggests that he is well acquainted with Mr. So-and-So, who has an establishment for the insane, which bears an excellent character, and where he is sure to meet with the kindest treatment. He is sent off accordingly. Mr. So-and-So's good name is not belied, and the patient is discharged in a fortnight, cured not only of his madness, but of the folly which led to its occurrence. So far so good. But the matter ends not here. The mere fact of his having been an inmate of Mr. So-and-So's asylum may, to the end of this man's days, be a source of great detriment to him. 'Like a burr' it will 'stick.'

This is just the sort of case in which the assistance of one of the hired keepers, whom we have spoken of at some length in the preceding chapter, would be of eminent service. When the patient is well, he is congratulated by his country cousins on his recovery from an attack of '*brain fever*;' and if his landlady is reimbursed for the loss of her broken looking-glass, or two or three articles of furniture, and for the endurance during a few days of a little more noise than

she may have bargained for, she will most likely not even allude to the fact of her lodger having been at one period of his illness simply '*a little light-headed*' !!

It is obvious, however, that in such a case as this, and indeed in numerous others which are more or less analogous, it is not always feasible to provide for the due care and management of a patient, particularly when noisy and violent, in the house where the first outbreak of disorder has taken place. Removal indispensable ; and as the door of the hotel and the private lodging-house are apt to be found closed against the admission of a raving madman, it is as well to make it understood that there is still one shift left before the regular lunatic-asylum is resorted to as a matter of necessity. Many of the London medical men, connected with lunacy-practice, have at command, or know where to point out some quiet domiciles unconnected with any large establishment, in which patients can be received with the requisite privacy, and remain until the period of their convalescence. Such cottages may be found in the neighbourhood of the Regent's-park, and other convenient localities, within an easy distance of London, and no doubt the like accommodations are to be met with in the vicinity of most large cities. They are, in fact, what they are very frequently termed, 'mad lodgings.' To a retreat of this sort, the objection is that it is very expensive ; and that the comfort of a patient would be better consulted by sending him at once to a regular establishment, where the arrangements are generally on a plan better calculated in most respects for his proper treatment and super-

vision. To this we quite agree ; but we only recommend the adoption of the plan in cases where a temporary sacrifice can be made, and where it is of importance not to lose sight of the ultimate object on which we have been descanting, as well as to keep in view what is more immediately at heart—namely, that of the patient's recovery.

CHAPTER VIII.

Treatment of insanity : subject continued—The lunatic asylum, or madhouse—Misconceptions concerning—Hogarth's picture of a scene in Bedlam—Visits to a lunatic establishment useful—Antithetical character of—Lunatics wrongly supposed to be very amusing—Their ordinary character—Rich and poor, difference between, and why—The employments of the latter—Difficulty of finding any for the insane of the upper classes—Suggestions—Females more occupied than males—Their fondness for talking—Not to be improperly checked—Example.

WE hope that such of our readers as have had the patience or curiosity to accompany us through the foregoing pages of this little work, will not now withdraw, as we are about to enter one of those establishments which some poet has designated as

a lazar-house of many woes,
Where laughter is not mirth, nor mirth the mind,
Nor words a language, nor e'en men mankind;

in plain words, an Asylum for the reception of Lunatics; or, in words still plainer, a Mad-house. Such, however, has been the amount of wonderment and exaggerated interest with which the painter and novelist, as well as the poet, have contrived to invest their representations of what may be expected to be witnessed therein, that we fear any matter-of-fact statement or description, such as alone we are able to give, will fall very much short of expectation. Whoever rises from the study of Hogarth's inimitable picture of the last scene in the 'Rake's Progress,'

and, marching straight to Bethlem, expects there to witness mental alienation invested with much of dramatic interest, will come away disappointed. Like a genuine artist, the limner has laboured to cull from various sources those strongly-marked traits of character which best suit the purposes of contrast, and has there grouped them together with a show of reality so felicitous, that though in fact one never does behold such a scene, there seems to be no reason whatever against the probability of one's being able to do so. What there is in reality to be gleaned from observations made during visits to a modern asylum for the insane, must be reckoned, for the most part, among the acquisitions that may be one day useful: the hunter after the picturesque will find the object of his search, or rather the materials of which it may be formed, scattered in broken detail over a pretty large surface, and will be lucky indeed if his eyes are blessed with anything like a tableau on a scale that will remunerate him for his trouble. Nevertheless, we hope that the knowledge of this will deter no one from prosecuting an intended purpose of visiting any receptacle for the insane, either public or private, which may be open to his inspection—even if his motive should only be the gratification of idle curiosity. There is no chance in the present day, even were he so disposed, of his being allowed to indulge this to the annoyance and detriment of the inmates, after the manner of the holiday folk mentioned in the account of Old Bedlam, (vide Chap. XI.) while, on the other hand, much advantage is to be expected in getting rid, by publicity, of that mystery and preju-

dice which continue to hover about the whole subject of madness, and which can only be dissipated by making the sight of its effects, progress, and treatment as familiar as possible to the world at large.

If, then, the visitor to a house for the reception of lunatics is in search of useful knowledge, he will not find his time mis-spent. The mere flaneur may, perhaps, not deem it worth while to repeat his visit speedily; but even *he* can hardly go through his lounge without picking up much that will some day turn to account, and enable him to be serviceable to his fellow creatures. All men may find therein abundance of food for cogitation; and though no one sees just such another spectacle as Hogarth has delineated, each is sure to witness some which he can ‘moralize into a thousand similes,’ according to the bent of his own individual fancy. Such an establishment is, to be sure, a very anomalous institution. It is a prison; but neither debtors nor criminals are detained in it. It is an hotel, where a man can be hospitably received, accommodated, and entertained, according to the scale of his means; but from which he cannot depart on merely summoning his landlord, and calling him to a reckoning. It is an hospital, where no man is persuaded to admit that he is sick. It is a school; but for such only as have generally completed their education, or are beyond the years of pupilage. It has some of the characters peculiar to each of these, and yet it is neither. Its purpose, in fact, is like the melancholy of Monsieur Jacques, ‘compounded of many simples, extracted from many objects.’ Like the ruminations, too, of that travelled

philosopher, the thought of it gives us enough of 'reason to be sad,' and yet nine people out of ten who have never been taken through the several departments of a madhouse, connect with this 'sadness' the idea of something that is indeed 'most humorous.' In truth, a hasty glance at the surface of things induces in many who *have been* thus indulged, a belief that theirs is still the correct conclusion: their attention is sure to have been arrested by the eccentric levities of some comical individual,

The Momus of the flighty train,
Plotting his frolics quaint, and unsuspected wiles.*

on which the memory loves to dwell, in preference to reverting to the moroseness, the gloom, the discontent, the vacancy, the puerile inanities of a great many of his 'co-mates and brothers in exile,' to whom 'old custom' has not sweetened the dreary monotony of their lives, and who find neither 'tongues in trees, books in the running brooks, sermons in stones, or good in'—anything under the canopy of heaven. To have the charge and superintendence of persons in this condition, is to a man who cannot, and does not wish to get rid of many of his sympathies, very irksome work indeed. Yet it is not uncommon to hear people who would admire, perhaps, 'the contortions of the sybil without the inspiration,' (Burke,) and who confound, therefore, absurd delusions with the fine frenzies of an exalted imagination, exclaim, that they think it must be 'very interesting indeed.' It is so,

* Penrose.

certainly, in two points of view, which differ very widely from each other, but quite as widely from that which such exclamation is intended to indicate. It is interesting to the ardent and never-satisfied student of mental disease; and it is interesting to those individuals who are highly salaried, or whose capital is embarked in the merely commercial enterprise of finding a home for such as none else can or will undertake to shelter, and who look, therefore, at an accumulation of patients as merely the means for making an accumulation of profit. In other respects, the care of the insane is only to be regarded as one of the most tiresome and vexatious employments which can be undertaken, and as thankless as may be supposed, when it is considered that, whatever may be the care and solicitude bestowed on the patient, he himself is no party to the arrangements made for his comfort, and would very frequently be glad to dispense with them altogether, and consign all concerned in projecting them to the bastinado or the knout.

We should observe, that this remark touching what is very frequently the *animus* of lunatics under confinement, applies much less forcibly to those taken from the lower, than to those of the middle and upper classes of society. Not that the former are insensible to the value of liberty; but they have always been more accustomed to have their movements controlled; they are, moreover, very often better off with regard to bodily comforts than they were when at large; and above all, there is no difficulty in well-planned establishments, such as our County Asylums,

in finding them employment suitable to their previous habits of life. At the Middlesex Pauper Lunatic Asylum at Hanwell, and at many others conducted on the same plan, the visitor now finds himself in the midst of a hive of industry. Diggers and delvers, pruners and planters, carpenters, tailors, and so forth, are seen plying their respective trades on every side; while the laundry and needle-rooms exhibit a busy scene of industry and its accompanying cheerfulness. There is labour, too, suited literally to 'the meanest capacity.' A man may be marked wheeling a handbarrow who has not the sense to fill it, or watering the flower-bed, which he has not the skill to cultivate. Unfortunately for his richer neighbour, *he* is too often deprived of these mechanical resources. If he has not been of a reading turn before his reason has become impaired, it is unlikely that he will take to books thereafter; and with all conceivable appliances and means for the purpose, it is frequently impossible to engage in an occupation that will interest him, one who has never been brought up to any species of labour or handicraft, or who, being in a situation of life which has placed him above the necessity of practising one, has not resorted for amusement to the turning-lathe, or some analogous mode of killing time. There are in the world, as we all know, thousands of very rational, intelligent, well-informed men, who really cannot derive enough pleasure from books to make up for the want of some regular and established occupation. Such individuals are sadly at a loss when their usual resources fail them during some necessary period of seclusion, whether temporary or

permanent. Without having any disparaging thoughts on the subject of hockey and football, we have often deemed it a great pity that the delightful occupation of gardening has never been brought into vogue as one of the established recreations of school-boys. A taste for it, imbibed in early youth, would not only be of advantage to numberless individuals in the changes and chances of after-life, but it would be found to survive a very considerable impairment of the mental faculties, and enable many a man, whose reason has become clouded, to practice, whether he is in or out of confinement, at any rate, the merely mechanical part of it during those hours of the day which are too often devoted to listlessly pacing up and down, or occupying a chair by the side of the fire. The billiard-table, the chess, draft, and backgammon boards, the cricket ground, &c., all of which should in these days, and, indeed, generally do, form part of the regular apparatus of the lunatic asylum, and are eminently serviceable to the inmates as far as they go, afford nothing like a substitute for some employment which has a smack of utility about it. Nature seems here, as elsewhere, to vindicate her claim to the service of labour, which man is bound to render in some shape or other to his fellows, and to declare, that he who does no real work, or, at any rate, the semblance of it, shall incur a penalty for his idleness, in the lack of a sufficiency of amusement. Now, horticulture itself, and all that can be brought under the name of it, afford to people, both rational and irrational, more variety of amusement than any other pursuit, embracing, in fact, every example of

mental and bodily exertion, from the scientific researches of Linnæus, to the simple operations of nailing a fruit-tree, or rolling a gravel-walk. There is, too, attached to it a perpetual succession of interest—always, as Andrew Fairservice says, ‘something to sow that one would like to see sown, or something to mow that one would like to see mown, or something to ripen that one would like to see ripe.’ But the love of such a pursuit, and the *habit* of following it, can only be elicited or revived where it has had a previous existence in the mind of a person who has become deranged. It is no easy matter afterwards for either to be engendered *ab ovo*.

Thus it is, then, that there is certainly (taking parallel cases) more of happiness, and, it may very fairly be conjectured, of curability, also, to be found in a given number of deranged ploughmen and mechanics than in a like number of those who were (but no longer are) in a social point of view their betters. Madness has been called essentially a *levelling* disorder; but, in truth, it is more than that. It does not put the master on a par with his servant, but frequently very far below him. Together with his intellect, he has yielded up command, which he must henceforth exchange for obedience; and even the power of deriving entertainment from the resources which wealth is still ready to furnish, has dwindled into a capacity for only the humblest description of employment. Yet even this is denied to many; and the titled lunatic, whose hot-houses and conservatories are the boast of his county, may be esteemed fortunate if he can be taken in hand by

a hireling, taught to recur to primæval simplicity of occupation, and become tolerably expert in planting cabbages, sticking rows of peas, and earthing up potatoes.

Old Adam's likeness set to dress a garden.

The habitual occupations of women are found, in all classes of life, to be much less disturbed than those of men, by lesions of intellect. Female industry, as a general rule, demands less intellectual guidance than the ordinary occupations of men: and thus more men are consigned to indolence by insanity than women. We have Dr. Johnson's authority for saying that women are much to be envied for the advantage which they possess in the exercise of numerous little manual employments which are interdicted by custom to men. Were it not for this, to say nothing of other considerations, the mere difficulty of keeping order among irrational people of the female sex congregated together under confinement would be increased an hundredfold. As it is, though very excitable at times, they are, owing to the circumstances referred to, much less difficult to be managed than would be otherwise the case. Not that the organs of voice are invariably consigned to disuse while the attention is engaged on the operations of the needle, or the knitting-frame. It is curious to observe how the mind seems to be relieved by the mere act of talking; and it is a great mistake to suppose, that among lunatics the disposition to indulge in it to excess is always to be quelled, because what is said is not germane to some particular matter in hand, or even because it happens to be unsuitable to

ears polite. In fact, a comfortable frame of mind seems to be sometimes induced by their being allowed to give way freely to a disputatious vehemence of manner and tone. It is, of course, not intended to be inferred hence that abusive or improper language should at all be *encouraged* in the insane; on the contrary, it is at times highly recommendable to check it; but still, as, with many patients, choler finds great relief in being allowed to vent itself in words, no establishment can be considered perfect which is not provided with ample room and verge enough for the occasional indulgence in the luxury of what Maggie Mucklebucket (vide *The Antiquary*) calls 'a bit flyte,' without any disturbance being caused among those who are quiet and orderly, and who deem, like Monkbarns, that 'their estate is gracious which keeps them out of the hearing of such controversy.' It is to be remarked, however, that a scolding bout among deranged people does not at all imply the necessity of an energetic holder forth being confronted with an actual antagonist. That, of course, should never be permitted. A stop should always be put to quarrelling; but there are those among the insane who will go on for hours talking *to*, as well as *at*, an imaginary opponent, with just as much gusto as if every epithet was telling to the discomfiture of a real one. We recollect an old woman—and such examples are by no means uncommon—who would stand at a wash-tub during the whole day, and go through her work most admirably, accompanying every movement with a look of wrathful defiance, and breathing fire and sword against

some one whose presence was highly disagreeable to her 'mind's eye,' and ear. It was very curious to see her occasionally put down her soap with tremendous emphasis, and then wring out a piece of linen with as much gesture and energy as if she had got firm hold of her adversary's nose. Yet this good old soul, who had been in exactly the same state for years, was remarkably inoffensive, kind, and affectionate; very neat in her person and attire, and never requiring any control. Some years ago, she would have been voted 'dangerous,' and probably have passed her days in the endurance of some irksome bodily restraint. And this brings us to the consideration of another grand distinguishing characteristic in the management of the lunatic establishments of the present day—involving, however, a subject which is too important to be entered on at the end of a chapter.

CHAPTER IX.

Restraint in lunatic asylums—Controversy concerning—Result of controversy hitherto—Modes of restraint most commonly known—Description of the ‘strait-waistcoat’—The ‘handcuff’—The ‘muff’—The ‘gloves’—The ‘leg-bolt’—The ‘coercion-chair’—Their partial discontinuance.

NEXT to the systematic employment of a great number of the inmates of an asylum for the insane, the almost total disappearance of instruments of coercion upon the persons of any of them, is a circumstance which would excite the astonishment of our ancestors, as much as any of the strange phenomena with which their eyes would be greeted, were they enabled to witness the proceedings of their posterity. The propriety and feasibility of discontinuing, to the extent to which it is now carried, the use of bodily restraint by means of mechanical contrivances made fast to the body and limbs of the lunatic, is a subject which has excited of late years a great deal of attention, and, it need hardly be added, since the medical faculty has been engaged much in the discussion, of tart and acrimonious controversy. Reports, pamphlets, answers, replies, and rejoinders have kept the pen and the press actively employed in diffusing light, or heaping obscurity on the difficulties of the question, which at last has emerged from the hands of the disputants in a much more satisfactory condition than can be predicated of a great many others, that have for a much longer period divided the opinions of mankind.

Whatever may yet remain to be *said* on the subject, society may congratulate itself on the fact, that a very great deal has been *done*, and in such a manner as to leave the question of what is to follow—however that may be determined—very little embarrassed by doubt as to the practical working of what has been hitherto accomplished. It is now ascertained beyond the possibility of contradiction, that in the very great majority of cases where, only a few years ago, it was thought necessary to make use of some irksome mode of confining the arms and legs of troublesome and irritable madmen, such a procedure is really not called for at all; and that such patients may be very much better managed without any of the apparatus usually put in requisition, for the purpose of preventing danger to themselves or to those about them. How this result has been brought about, forms a curious history in itself; but before we refer further to it, some of our readers may like to be informed of the nature and appearance of these contrivances which, while they exhibit man in his boasted character of the only ‘instrument-making animal’ in the creation, show how his knowledge of handicraft is apt to be at times applied to the disservice of his fellows.

Everybody has heard of a strait-waistcoat, but, familiar as the name is, perhaps nine people out of ten have never chanced to see one. It is, in fact, simply a jacket, formed of strong ticking or canvas, and made to tie behind with five or six strings. The sleeves are prolonged to the length of about twenty inches beyond the tips of the fingers; so that (the

arms being crossed over the chest) they can be carried round the body, and secured behind by tapes which are threaded through the extremities. The description of this simple apparatus, the model of which may be extemporised by pulling down the cuffs of a gown or coat, conveys no very formidable idea of the annoyance to which the wearer is subjected, beyond that of having his hands secured in what would appear to be a very easy and merciful manner. But, in truth, when left on any time, the waistcoat is, particularly to furious patients, and in warm weather, an irritating, disagreeable incumbrance, increasing the restlessness, which is a conspicuous feature in their disorder, and which generally causes them to disdain the incumbrance of clothing, and to delight rather in deriving all the coolness they can from the surrounding atmosphere.

The next thing to be noticed is the common handcuff, such as is used in prisons. It consists of four half-circles of iron, which, being joined by a hinge, form, when closed together, two entire rings, presenting the shape of a figure of 8. This implement encircles the wrists, and is fastened by a snap lock. A person thus secured, is, in fact, 'put in irons;' but in spite of the degrading association, this mode of confinement is altogether, perhaps, less annoying than the waistcoat. Though the wrists are kept together, the hands are comparatively free, and can be raised to the face; while the heat and closeness of the enveloping canvas is avoided. Then there is a leathern apparatus, made in the shape, and bearing the name of a 'muff.' The hands being inserted into

this, are retained, each by a wrist-lock, which is a single handcuff inserted into the leather. A modification of this is the 'glove,' which muffles each hand singly, and, like the former, is attached to a belt of leather encircling the waist. For the lower limbs, 'hobbles' are used to tie the ancles together—ligatures, namely, of strong ticking—lined sometimes with flannel. The 'leg-lock' is like the single hand-cuff, only larger, and admitting of its being fitted loosely, as it cannot be slipped over the foot. It is made fast to the wall or the floor by a chain or cord. The modifications of these things exhibit an endless variety of pattern and plan. A great deal of ingenuity has been displayed in the endeavour to lessen the annoyance occasioned by their application, so as to combine efficiency with the least possible quantum of irritation to the wearer.

There is an invention, called a coercion chair, which is sometimes used to supersede other forms of restraint, and has the advantage of leaving the hands and upper part of the person free, while the other half only is in durance. It is like the lower moiety of a watch-box, or a sedan-chair with the head off. In front, not quite breast high, is a board, which, like the chest of drawers in Goldsmith's village inn, is 'contrived a double debt to pay,' serving the office of a table and arm-rest, and, at the same time, preventing the occupant from rising beyond the sitting posture.

A few years ago these machines were in great vogue. We recollect their being pointed out to us at the Hanwell Asylum, as admirable specimens of

improvement in the method of treating some of the more violent and mischievous patients: now they are held there in the same estimation as the celebrated cage which Cardinal Balue, the minister of Louis XI., is said to have invented for the victims of his master's tyranny, and to the enjoyment of which his eminence was himself consigned for many of the latter years of his life.

The only poetical justice, however, exercised in the case of the coercion chairs at Hanwell is, that now they are literally 'trodden under foot' by the patients who were formerly confined in them, having been broken up (as we learn from a speech of Mr. Serjeant Adams) and used by the convalescent carpenters to board the floors of the refractory wards. The above-named are the most prominent and the best known among the mechanical contrivances which have been employed in insane cases during the present generation. Their utility, in the absence of our knowledge of other means, has been almost lost sight of in our horror at the flagrant and shocking abuse to which their misapplication has, through brutality, ignorance, and other causes, given rise. It is, however, no small subject of congratulation to the lovers of improvement, that even their judicious and legitimate use can now so often be superseded by means much less objectionable. This fact could never have been fairly established, unless a great, and, in some instances perhaps, an unreasonable outcry against their employment had been raised, which forced onwards the experiment of their discontinuance, and brought into play resources which had never before been sufficiently

depended upon and appreciated. One general error had been prevalent in the management of the insane. It had always been assumed, that if one kind of violence was discontinued, some other kind of violence was to be substituted in its place. Thus *Patience* and *Forbearance* were altogether put on the shelf, and reliance being placed on contrivances which diminished the necessity for *Vigilance*, that quality was also considered superfluous; and in proportion as mechanical means multiplied, fell more and more into disuse. Nothing short of the attempt to 'reform it altogether' would have been effectual in putting the personal usage of the insane upon the footing which it now occupies, and from which there is no chance of its receding. Nevertheless, it must not be really supposed, that though, in the shape of waist-coats, hobbles, &c., mechanical aid has in a great measure disappeared, it has under other forms and combinations been altogether dispensed with, and that the unsound intellect submits itself to be set to rights by the simple and unassisted antagonism of the sound one. No such great mental triumph has been achieved. In truth, the functions of the carpenter, the smith, and the mason are as much in request as heretofore in surrounding the inmate of the lunatic-asylum with a complete atmosphere of *restraint*; the difference consists in his being allowed, unless at a time when he is extremely violent and refractory, to breathe that atmosphere insensibly, and as if it were vital air, instead of being ignominiously condemned to its forcible inhalation, like the wretched quadruped with whom most travellers in Italy have

made acquaintance at the well-known Grotto del Cane in the vicinity of Naples. Thus the construction of buildings of this description, with reference to combining a great semblance of liberty, with the real and bonâ fide detention and security of the patient, is a subject which has of late years occupied a great deal of attention, and afforded to the architect plenty of scope for inventive ingenuity in the exercise of his art. It must, moreover, be borne in mind, that it is only within the precincts of one of these houses of confinement that even the old-fashioned implements of coercion can be altogether dispensed with, and that as long as any feeling exists in society against having recourse to the advantages which such an establishment possesses over a private residence, they must necessarily be not unfrequently resorted to, and will have no chance of being consigned, as some fondly imagine will ere long be the case, to swell the collection of curiosities in the Tower of London or the British Museum. But more in exemplification of this anon.

CHAPTER X.

Date of the first institution of madhouses doubtful—Bethlehem hospital—Madness treated by corporal punishment and imprisonment—Generality of the practice—Lunatic hospital in Constantinople in the 16th century—Curious description of—Cotemporary treatment of the disease in England—Sir Thomas More—His treatment of lunacy when chancellor—The same general throughout England—Inutility of, in stopping the progress of the disease—Progressive increase of insanity.

IN what country and at what period the first establishment, devoted expressly to the purpose of confining the insane was set on foot, we have not the means of ascertaining with historical precision. The Rabbi Benjamin, of Tudela,* speaks of one which he saw at Bagdad in the twelfth century. It was called Dar al Maraphtan,—literally, the abode of those who require being chained. Ferdinand and Isabella founded, at Granada, an ‘Hospital de los locos,’ (locoa—Arabice, mad,) which was finished by Charles the Fifth. It still exists, but is in a shameful state of misgovernment. (See FORD’S *Hand-book for Spain*.)

In England, the early history of such institutions, as of hospitals devoted to the treatment of any other disease, must be looked for among the records of the old religious communities, some of which had no doubt attached to them endowments specially set

* *Itinerary*, translated by A. ASHER.

apart for the administration of relief to the mentally afflicted.

Leland notices an instance of a foundation of this particular kind in London in the twelfth century. ‘Hospitale in templo de Berking, Londini. Robertus Denton, Capellanus, primus fundator, 44 Edw. III., 1369, pro presbyteris et aliis phreneticis hominibus.’ Stow says of this, in his quaint vernacular,—‘I reade, in 44 of Edward the Third, that an hospitall, in the parish of Barking-Church,* was founded by Robert Denton, Chaplen, for the sustentation of poor priests and other, both men and women, that were sicke of the Phrenzie, there to remain till they were perfectly whole, and restored to good memorie.’—(*Survey of London*, page 139.) At page 497 he enumerates this among ‘the hospitals that have beene of old time,’ and says that it ‘was since suppressed, and given to the hospital of St. Catherine, by the Tower.’ Other writers construe differently the reason for Denton’s charitable bequest being diverted into another channel, and make out either that he was obliged to forego his original intention, or that he changed his mind, and left his property to St. Catherine’s, towards the maintenance of a chantry priest, to ‘pray for the good estate of the said Robert while living, and his soul when dead.’† However this may have been, it is clear that long before the dedication of the Bethlehem charity to the purposes of a lunatic asylum only, our English ancestors had an idea of the necessity of

* Now called All-Hallows Barking, in Tower-street Ward.

† See NEWCOURT’S *Repertorium Ecclesiasticum parochiale Londinense*, and TANNER’S *Notitia Monastica*.

some specific plans for the management and treatment of the insane, apart from other diseased people. This treatment might possibly have been of a nature comparatively mild, when administered under the immediate eye of the clergy. Whatever we read of the insane at, and since the period of the Reformation, shows how roughly they were always handled when they fell under the power of the secular arm.

Much as the laity were prone to differ formerly on the score of religion and politics, on one point there certainly prevailed a great deal of unanimity, —in the use, namely, of corporal punishment, combined with imprisonment, as a remedy for insanity. If this was administered for the mere purpose of enforcing order, the practice, however rude and barbarous, cannot be esteemed as entirely irrational; but we think it may be fairly inferred, from what information has been handed down to us, that such discipline was really considered very much in the light of a direct intellectual restorative. We talk figuratively, after Shakspeare, of cudgelling an idea *out of* our brains; but our ancestors, it would seem, practically reversed the meaning of the phrase, in attempting to force the ‘extravagant and erring’ senses, when caught out of bounds, to ‘hie back to their confine’ by a prompt and merciless infliction of stripes.

Allusions to this mode of dealing with mental alienation abound in the works of the writers of by-gone days. ‘Love,’ says Rosalind, ‘is merely a madness; and, I tell you, deserves a dark house and a whip, as madmen do: and the reason why they are

not so punished is, that the lunacie is so ordinary that the whippers are in love too.'—(*As You Like It*, Act III. Scene 12.) Another instance to the same effect may be found in Dennis's comedy of 'Jacobite Cruelty.' 'Bull, junior—Look you, old gentleman, I will touch this matter as gently as I can to you. Your friends, taking notice that you were grown something foolish, whimsical, absurd, and so forth, thought fit to send you to the College here, (Bedlam), that you might go through a course of philosophy, and be CUDGEL'D and fir'k'd into a little wisdom, by the surly professors of this place.'—(*Select Works*, vol. ii. p. 363.) And again, in the next page :—' If thou canst give but so much as a reasonable answer to any thing ; if thou either knowest what thou art, or where thou art, or with whom thou art, then will I be contented to be thought mad, and dieted and FLOGGED in thy stead.' 'Indeed,' says Haslam, 'this system of corporal punishment seems to have been general, and may afford some apology for introducing, from a very rare little book, an account of the manner of treating this malady in Constantinople, about the middle of the sixteenth century.' The work in question is entitled—' I Costumi et la Vita de Turchi di Gio. Antonio Menavino Genovese da Vultri, 12mo, in Fiorenza, 1551.' 'Of a place called Timarahane, for the correction of the insane. (D'uno luogo chiamato Timarahane, dove si castigano i matti.)' 'The Sultan, Bajazet, caused a building to be erected for the reception of insane persons, in order that they might not wander about the city, and there exhibit their mad pranks. This building is constructed in

the manner of an hospital : there are about an hundred and fifty keepers appointed to look after them : they are likewise furnished with medicines and other necessary articles. These keepers, armed with cudgels, patrolle the city in search of the insane, and when they discover such, they secure them by the neck and hands with an iron chain, and by dint of the cudgel convey them to Timarahane. On entering this place, they are confined by the neck with a much larger chain, which is fixed into the wall, and comes over their bed-place, so that they are kept chained in their beds. In general about forty are confined there, at some distance from each other. They are frequently visited by the people of the city as a species of amusement. The keepers constantly stand over them with cudgels ; for, if left to themselves, they would spoil and destroy their beds, and hurl the tables at each other. At the times of giving them food, the keepers examine them, and if they notice any who are disorderly, they beat them severely ; but if they should by accident find any who no longer exhibit symptoms of insanity, they treat them with greater regard.'

The foregoing account gives us no very favourable view of the way in which those bereft of reason were treated, three or four centuries ago, in the dominions of the ' malignant and the turban'd Turk ;' but when we turn to the cotemporary annals of England, we find that matters were managed much in the same summary fashion under the rule of our own Commander of the Faithful, King Henry the Eighth, and that in this respect the Bajazet of the Thames was no further in advance of his times than the Bajazet of

the Bosphorus. Even during the administration of Sir Thomas More

“Of More, the mild, the gentle, and the good,”

beating was so much the established discipline for the treatment of insanity, that the kind-hearted and benevolent Chancellor himself relates how, on one occasion, he superintended its infliction on a patient opposite his own residence, in the public thoroughfare of Chelsea. Sir Thomas had been accused, it seems, by some maligning enemies, of converting his house into a sort of prison of the Inquisition, he himself acting as the Grand Inquisitor ; but ‘let us hear,’ says Lord Campbell,* ‘what is said on this subject by More himself, — allowed on all hands (however erroneous his opinions on religion) to have been the most sincere, candid, and truthful of men.’ ‘Divers of them have said that, of such as were in my house when I was Chancellor, I used to examine them with torments, causing them to be bound to a tree, and there piteously beaten. Except their sure keeping, I never else did cause any such thing to be done to any of the heretics in all my life, except only twain; one was a child, and a servant in mine own house, whom his father, ere he came to me, had nursed up in such matters, and sent him to attend upon George Jay. This Jay did teach the child his ungracious heresy against the blessed sacrament of the altar, which heresy this child, in my house, began to teach another child ; and upon that point I caused a servant of

* *Lives of the Chancellors*, vol. i. p. 546.

mine to strip him like a child before mine household, for amendment of himself and ensample of others. Another was one who, after he had fallen into these frantic heresies, soon fell into plain open frenzy : albeit *he had been in Bedlam, and afterwards, by BEATING AND CORRECTION, gathered his remembrance.* Being, therefore, set at liberty, his old frenzies fell again into his head. Being informed of his relapse, I caused him to be taken by the constables, and bounden to a tree in the street, before the whole town, *and there striped him till he waxed weary.* Verily, God be thanked, I hear no harm of him now,' &c. 'We must therefore,' continues Lord Campbell, 'come to the conclusion that persons accused of heresy were confined in his house, though not treated with cruelty, and that the supposed tortures consisted in flogging one naughty boy, *and administering stripes to one maniac,* ACCORDING TO THE RECEIVED NOTIONS OF THE TIMES, AS A CURE FOR HIS MALADY.'

Indeed, although the author of *Utopia* seems in that celebrated work to have foreshadowed, among other things, the relaxation of the penal code, the exercise of liberty of conscience, and even the more recent ten-hours' bill* for the regulation of labour, his prescient mind does not appear to have anticipated any 'bright reversion' for those demented objects who were more particularly considered under the guardianship and jurisdiction of his own Great Seal. But if such were the established and acknowledged methods of dealing with the madman by the highest authorities

* LORD CAMPBELL'S *Lives of the Chancellors*, vol. i. p. 585.

of the law, and in the open face of day,—if the streets of Chelsea beheld the most humane and upright man of his own or any other age encouraging and applauding the officers of justice in their efforts to make a discharged patient from a lunatic hospital ‘gather his remembrance’ by belabouring him till he ‘waxed weary,’ it may easily be conceived that, when he was shut up away from public observation, and left to the tender mercies of those who were irritated by his opposition, or subjected to trouble through his helplessness, his situation must have been deplorable in the extreme : and so, indeed, it was ; so much so that, until times comparatively recent, the treatment of the deranged, under confinement, was merely looked upon as a convertible term for cruelty and oppression,—the place of his detention as a torture-room or oubliette,—and the guardian of his person as a malevolent being, hiding, under the form of a man, the feelings and attributes of a demon or an ogre. Unhappily, too, it was found that the whip and the dungeon were instruments as inefficient, in the cure or abatement of the disposition to ‘plain open frenzy,’ as the rack and the faggot were in the extirpation of those ‘ungracious heresies’ of which Sir Thomas More makes complaint. Since his day, as before it, insanity has gone on increasing in (at least) the same ratio as the population ; and, to meet the exigences of the times, a multitude of hospitals and asylums, both public and private, have sprung up in every civilized country, for the reception of such deranged people as are judged or misjudged, by their relatives, guardians, or the magisterial authorities, to be in such a state as renders them unfit

to be domiciled elsewhere. Two years ago, according to returns made, (and complained of as notoriously imperfect,—falling far short of the actual amount,) there were, in England and Wales alone, 23,000 persons of unsound mind. Independently of several new buildings then in progress, there were 176 establishments devoted solely to the reception of the insane, to say nothing of 750 workhouses and 20 gaols, in which a greater or less number of such patients were confined, and 437 separate houses, devoted to the use of single patients. The mere income of persons found lunatic by inquisition, whose property is under the control of the Court of Chancery, amounts to 280,000*l.* per annum; the maintenance of others, from their own resources, from those of their friends, from the funds of charitable institutions, and from the public purse, swells this sum so enormously, that the question affects the yearly administration of 1,000,000*l.* sterling, and a capital amounting in value to several millions of money.* Yet, for all this, it cannot be said that the subject of lunacy has ever been sufficiently taken up as a matter of general interest, nor has it ever been considered by the community in the light of a great national evil, spreading through numerous families, in which every remedy that medical science can suggest, and law can enforce, ought immediately to be applied. It has, until recently, attracted the attention of comparatively very few individuals, and it is mainly owing to their perse-

* *Further Report of the Commissioners in Lunacy to the Lord Chancellor.* 1847. P. 60.

vering efforts that the present provisions in favour of lunatics have been established by parliamentary enactment. The reason of this indifference must, we fear, in some measure, be sought for in the selfishness of human nature, which makes us so often forget the condition of those who can no longer aid us in the struggles, join in the amusements, or lessen the cares, which make up so large an amount of the sum of our earthly existence ; at the same time it must be allowed, that sheer ignorance has had a very large share in arresting the progress of those humanizing influences by which the condition of the insane has been, of late years, ameliorated ; and that since an increased knowledge of mental therapeutics, based on experimental inquiry, has become pretty generally diffused, our institutions, as we hope in our subsequent pages to show, have been making proportionate advances in the paths of reformation and improvement.

CHAPTER XI.

The Hospital of Bethlehem—Its situation and appearance—Cibber's statues—Pope's allusion to—Original foundation and design of the establishment—Seized by Henry VIII.—Rebuilt—Royal objections—Again rebuilt on its present site—Poverty of the old establishment—Means taken to compensate for it—Tom o'Bedlams—Curious accounts of—Bedlam a peep-show.

IT would be unpardonable in any work, however desultory and superficial, that professes to treat of the history of madness in this country, to omit giving some account of the great lunatic house of Bedlam—a name which, though originally a vulgar corruption, has long been incorporated into our language,* and used familiarly to denote any place dedicated to the service of the insane. The mention of this ancient establishment in our literature is so frequent, and its associations so interesting, that we need make no apology for devoting a few pages to the purpose of illustrating its present condition, and the history of its origin and subsequent career.

On the south side of the great public thoroughfare, which leads from Westminster Bridge to the numerous roads which intersect the Surrey side of the metropolis, and at the distance of about half a mile from

* *Clifford*. To Bedlam with him! Is the man grown mad?
King Henry. Ay, Clifford; a Bedlam and ambitious humour
 Makes him oppose himself against his king.

King Henry VI., part ii. act 5.

the bridge-foot, there stands a large and massy pile of building, the dome of which, not long since added to its centre, may be seen at some distance towering above the surrounding houses. This is the Royal Hospital of Bethlehem; or as it is very commonly called, Bedlam, established solely for the reception of lunatics. It is a handsome and substantial brick building, the striking bulk and length of which are relieved by a stone portico of the Ionic order, surmounted by the dome referred to, which confers on the pile an air of grandeur and importance. A spacious lawn extends in front, and is parted from the road by a stout iron railing. This open and well kept space secures to the neighbourhood immediately adjoining the free transmission of air and light, together with an appearance of freshness and beauty which is sadly wanting in many of our suburban localities. Within view is the new Roman Catholic Cathedral and Monastery of St. George, now in progress of erection, after the designs of Pugin. When finished, the lofty tower will form one of the grand architectural features of London. Passing through the portico, the visitor is admitted into the entrance hall of the hospital. Here are placed on pedestals two sculptured figures, which at once arrest the spectator's attention. They are of a size larger than life; and as works of art, are of great intrinsic merit. One represents a raving maniac struggling with his chain, and the other an idiot in a state of hopeless fatuity. Independently of their artistic value, these statues are curious from having had bestowed upon them a literary immortality, in conjunction with the name of

Colley Cibber, the hero of the *Dunciad*. They were designed by his father, Caius Gabriel Cibber, to adorn the gate of the old Bethlem Hospital in Moorfields, from whence they were removed when that building was pulled down in 1814. Pope's satirical allusion runs as follows:—

Close to those walls where folly rears her throne,
And laughs to think Monro would take her down,
Where o'er the gates by his fam'd father's hand,
Great Cibber's brazen,* brainless brothers stand.

Till of late the governors of the present institution fearing, perhaps needlessly, that the sight of these statues might have a discouraging effect on the patients, who upon their admission must necessarily pass through the hall where they are placed, caused curtains to be suspended before them; but they were always unveiled and pointed out to the notice of visitors, and constantly recognised by the admiring readers of Pope, with the exclamation, 'Ah, indeed! Cibber's great brazen, brainless brothers!'

Thus, if the writings of Colley Cibber, who never-

* A poetical licence. The figures are of Portland stone. That of the furious maniac is said to have been taken from the gigantic porter of Oliver Cromwell, who was a patient in the hospital. The other statue is always spoken of as a representation of 'Melancholy Insanity;' 'if, however,' says Sir A. Morison, 'it be attentively examined, I think it must be referred to the variety termed Dementia—that state in which the symptoms of melancholy previously existing have now disappeared, and deprivation of intellect and of mental energy has gradually succeeded. The extreme childlike attitude is natural, and the tongue protruding from the mouth is characteristic of total absence of mind.'—*The Physiognomy of Mental Diseases*, by SIR ALEXANDER MORISON, M.D., a work in which the varied expression of the countenance in different forms of insanity is rendered with remarkable fidelity.

theless was no dunce, should chance to fall into oblivion, still his name will never be out of the mouths of his countrymen, having been ‘potted for posterity’ in an imperishable lampoon. On each side of the hall are long galleries appropriated to the use of the patients, rooms for the officers of the establishment, counting-house, &c. Before, however, entering into more detail regarding the interior of the asylum, we propose to give some account of its original foundation.

The hospital of St. Mary Bethlehem, says its historian,* owed its name and original establishment to the piety of a citizen of London. In the year 1247, in the 39th year of the reign of King Henry III., Simon Fitzmary, who had been sheriff, influenced by the prevailing religious feeling of the age, was desirous to found a religious house. Accordingly, he appropriated, by a deed of gift which is still extant, all his lands in the parish of St. Botolph without Bishopsgate, being the spot afterwards known by the name of Old Bethlem, now called Liverpool-street, a few yards north of Bishopsgate Church, to the foundation of a priory. The prior, canons, brethren, and sisters, for whose maintenance he provided, were to be distinguished by a star upon their mantles, and were especially directed to receive and entertain the Bishop of St. Mary of Bethlehem, and the canons, brothers, and messengers of that their mother-church, as often as they might come to England. Such was the

* *History of the Origin and Progress of Bethlem Hospital*, by the Rev. THOMAS BOWEN. 4to. London: 1783.

original design of this foundation. In the year 1403, says Tanner, (Notit. Monast. edit. 1787. Mid. viii. 30;) most of the houses belonging to this hospital were alienated, and therein were no brethren or sisters, but only the master, and he did not wear the habit of his order. However, it continued to the dissolution, when being seized by Henry VIII., it was granted in 1547 to the mayor, commonalty, and citizens of London, and has ever since been an hospital for the reception of lunatics only. It would seem indeed probable that it was devoted, in some measure at least, to that purpose previously to the dissolution of the monasteries;* for Stow says, in his *Survey of London*, (page 452, edit. 1603, 4to,) ‘Then had ye at Charing (*i. e.* Charing-cross) one house wherein some-time were distraught, and lunatic people, of what antiquity founded, or by whom, I have not read, neither of the suppression; but it was said, that some-time a king of England, not liking such kind of people to remain so near his palace, caused them to be removed further off to Bethlem without Bishopsgate, of London; and to that hospital the house of Charing doth yet remain.’ This passage, to be sure, leaves it uncertain who the monarch was who was troubled by the too close vicinity of his ‘distraught and lunatic’ subjects, or whether the palace referred to was that of Westminster or Whitehall; so that, as far as Stow’s evidence goes, it might have been sometime either before or after the general suppression of the monas-

* See, however, on this subject, Malone’s notes on the passage before quoted from *Henry VI.*, part ii. act 5.

teries that the House of Bethlehem gave shelter to the deranged patients who were thus transferred to it.

Our sketch, however, imperfect as it, brings down the history of the hospital from its establishment in 1247, to the time of its seizure by Henry VIII., in 1547, a period of exactly 300 years. Since that epoch, 300 more years have passed away, and the sun still shines on the foundation of the Sheriff Fitz-Mary. We think it a little hard on the memory of this worthy old citizen (for worthy he should be esteemed, until the contrary be shown) that his name seems to have entirely merged in the catalogue of those who have become subsequent benefactors to the institution which was first endowed out of his wealth, and still bears the name which he originally bestowed on it. Over the portico of the present building is the following inscription:—

Henrico VIII. rege, fundatum, civium largitas perfecit.

Here we see commemorated the facts of Henry VIII. having founded the charity, and of other people having enlarged and enriched it, but not a word of Simon Fitz-Mary, or of the lands, tenements, and hereditaments which enabled the king to perform, à très bon marché, the recorded act of generosity to his subjects. We need not, to be sure, worry ourselves in 1849 about the exact intentions of the testator of 1247. His estates are devoted to the purposes of charity, and that is enough; but why should his name be condemned to oblivion, when its after-dinner mention once a year on a gaudy-day would rescue it from a fate so undeserved? Another word touching

the emblem which the recipients of his charity were enjoined to wear on their mantles. If the star of Bethlehem is no longer permitted to distinguish the 'brethren and sisters' of the order, at least it would appropriately surmount the dome of the hospital, and twinkle on the gowns of the president and other officials, who now sit on board and feast days in the seats of the prior and canons. But to resume our historical sketch. The 'Civium Largitas,' in aid of Henry's grant, does not appear to have exhibited itself before the year 1632, at least no donations are recorded to have been received before that time. About 1644, it was under consideration to enlarge the old hospital, but the situation was considered close and confined; and accordingly, when the building of the New Hospital of Bethlehem, as it was then called, was determined on in 1675, a site was chosen on a plot of ground near London-wall, on the south side of what was then called Little Moorfields. The design of the building was borrowed from that of the palace of the Tuileries, which so enraged Louis XIV., that he sent for a copy of the plan of our St. James's Palace, in order to form from it a model of some structure of a character still more derogatory than that of a mad-house. It was over the gates of this building that Cibber's statues were placed. This structure lasted 139 years, and then gave way to the present building, which was erected in 1814, at a cost considerably exceeding 100,000*l.*, after the designs of Mr. James Lewis.

Mr. Peter Cunningham, in his excellent *Hand-book of London*, has collected from various authori-

ties, a great deal of amusing detail touching the early state of the old hospital of Bethlehem. He tells us, that at first the funds were found very insufficient for the number of lunatics requiring admission, and the governors were therefore obliged to relieve the establishment, by admitting out-door patients or pensioners, who bore upon their arms the licence of the hospital. In a manuscript note of Aubrey's in the British Museum (Birch MSS.) we find, 'Till the breaking out of the civil wars, Tom o'Bedlams did travel about the country. They had been poor distracted men that had been put into Bedlam, where, recovering some soberness, they were licentiated to go a begging, *i. e.*, they had on their left arm an armilla of tinn, about four inches long. They could not get it off: they wore about their necks a great horn of an ox in a string, which, when they did come to an house for alms, they did wind: and they did put the drink given them into this horn, whereto they did put a stopple. Since the wars I do not remember to have seen any of them.' Aubrey, however, was wrong in supposing that these out-door Tom o'Bedlams ceased to exist after the civil war. The following advertisement was issued by the governors of the hospital in June, 1675: 'Whereas several vagrant persons do wander about the city of London and countries, pretending themselves to be lunaticks under cure in the hospital of Bethlem, commonly called Bedlam, with brass plates about their armes, and inscriptions thereon. These are to give notice, that there is no such liberty given to any patient kept in the said hospital for their cure, neither is any

such plate, as a distinction or mark, put upon any lunatick during their time of being here, or when discharged thence; and that the same is a false pretence to colour their wanderings and begging, and to deceive the people, to the dishonour of the government of that hospital.' (*London Gazette*, No. 1000.) This notice seems not to have cured the evil complained of, for Hatton, describing Bethlehem in 1708, says, 'When these people are cured of their malady, there are no tickets given them, as I have seen on the wrists of some, whom, I am assured, are all shams.'

In Dekker's *English Villanies*, published in 1648, the 'Bedlam,' or 'Abram-man,' as he was cantingly termed, is enumerated among the foremost of the vagabonds who were wont to prey upon the credulity of the public, *e. g.*, 'Of the Abram—his description—A lustie, strong rogue, who walketh with a sheet about his body—a face staring like a Sarazen, his haire long and filthy knotted—for he keeps no barber—a good staff of grown ash, or else hazel, and sometimes a sharp stick, on which he hangeth bacon. These walking up and down the country, are more terrible to women and children than the name of raw-head and bloody-bones, or any other hob-goblin. Crackers tied to the dog's tail make not the poor cur run faster than these Abram ninnies do the villagers of the country, so that when they come to any house in the country, nothing is denied them.'

Randle Holme, in his *Academie of Armory*, (folio, 1688,) describes the 'Bedlam' with a long staff,

and a cow or ox-horn by his side. ‘His cloathing is fantastick and ridiculous; for, being a madman, he is madly decked, and dressed all over with rubins, feathers, cuttings of cloth, and what not, to make him seem a madman, or one distracted, when he is no other than a dissembling knave.’ Then his ‘mawnd’ or begging address was after this fashion, (see Dekker,) ‘‘ Good worship master, bestow your reward on a poor man who hath been in Bedlam without Bishopsgate, three years, four months, and nine days, and bestow one piece of small silver towards his fees, which he is indebted there of 3*l.* 13*s.* 7½*d.*, (or to such effect,) and hath not wherewith to pay the same, but by the help of worshipful and well-disposed people, and God to reward them for it.’ Then will he dance and sing, and use some other antic and ridiculous gestures—shutting up his counterfeit puppet play with this epilogue or conclusion—‘ Good dame, give poor Tom one cup of the best drink. God save the king, and his council, and the governor of this place.’’

The above quoted extracts, compared with two or three passages from *King Lear*, mutually illustrate each other. Edgar, thinking how he may best disguise himself to deceive and baffle his pursuers, says—

Whiles I may 'scape
I will preserve myself; and am bethought
To take the basest, and most poorest shape
That ever penury, in contempt of man,
Brought near to beast; my face I'll grime with filth,
Blanket my loins, elf all my hair in knots,
And with presented nakedness outface

The winds and persecutions of the sky.
The country gives me proof and precedent
Of Bedlam beggars, who with roaring voices
Strike in their numb'd and mortified bare arms,
Pins, wooden pricks, nails, sprigs of rosemary,
And with this horrible object, from low farms,
Poor pelting villages, sheep-cotes, and mills,
Sometime with lunatic bans, sometime with prayers,
Enforce their charity.

Many of these vagrants, with their 'false pretences to colour their wanderings,' met, no doubt, with their deserts; but the probability is, that the bonâ-fide poor deranged patient was often confounded with the crafty knave, and falling into the hands of the 'rascal beadle,' was, as Mad Tom goes on saying of himself, 'whipped from tything to tything, stocked, punished, and imprisoned;' or, when his 'horn'* was 'dry,' left to 'swallow the old rat and the ditch dog, and drink the green mantle of the standing pool.' But we live in better days, when, as far as bodily comforts go, 'Poor Turlygood, Poor Tom,' is very often much better off than his neighbour who is in the full enjoyment of his senses, and whom he may, therefore, leave to lament the departure of the 'good old times' (when-ever they were) of this or that king or queen, he himself finding his account in the improved state of things under Victoria the First.

We shall not scruple to draw on Mr. Cunningham's volume for another illustration of the wisdom of our ancestors, who lived in the good old times,

* 'Poor Tom, thy horn is dry,'—(*King Lear*,) *i. e.*—the horn with a stopple. See D'ISRAELI'S *Curiosities of Literature*.

with reference to their management of the insane. He is as full of research and amusing quotation on this subject as on everything else of which his *Hand-book* treats, in connexion with the history of London. Would it be believed that, down to the year 1770, the lunatic hospital was regularly used for what an old author calls a 'dry walk for loiterers,' (*Ned Ward's London Spy*, Part III., 1699,) that is to say, was open to indiscriminate public inspection to all comers who could afford a penny or twopence, and was as regularly one of the shows of London, as Westminster Abbey or the Lions in the Tower! A regulated admission is a very excellent thing. It teaches people what they ought and are entitled to expect with regard to the treatment of their friends who may be in confinement elsewhere; but that poor deranged folk should ever have been made a common spectacle and laughing-stock of for every idle possessor of twopence seems incredible. Here, however, are the facts. First let old Pepys speak. He says, in his *Diary*—'Stept into Bedlam, where I saw several poor, miserable creatures in chains; one of them mad with making verses.' The peeping old Secretary of the Admiralty speaks so considerately of the sufferings of the patients, that his admission to visit them was very properly allowed. Let us look, however, at the next passage, from *The World*, No. 23, June 7, 1753—'To gratify the curiosity of a country friend, I accompanied him a few weeks ago to Bedlam. It was in Easter week, when, to my great surprise, I found a hundred people at least, who, having paid

their twopence apiece, were suffered, unattended, to run rioting up and down the wards, making sport and diversion of the miserable inhabitants.' Again, *The Tatler*, No. 30, tells us, 'On Tuesday, I took three lads, who are under my guardianship, a rambling in a hackney-coach, to show them the town; as the lions, the tombs, Bedlam, and the other places, which are entertainment to raw minds, because they strike on the fancy.' No doubt the 'raw minds' of these youths were well entertained, especially if they saw what the *London Spy* calls, 'a whimsy-headed fellow in a straw cap, talking about having an army of eagles under his command, and swearing he would battle all the skies, but he would have some claret,' &c. &c. It was well that all the visitors were not 'raw-minded' youths, since it was probably owing to the occasional presence among these scenes of minds of another calibre, that the outrageous custom adverted to was done away with.

In Boswell's *Life of Johnson*, (Croker's edition, p. 455,) is the following: 'On Monday, May 8, we went together and visited the mansions of Bedlam. I had been informed that he (Johnson) had been there before with Mr. Wedderburne, (now Lord Loughborough,) Mr. Murphy, and Mr. Foote; and I heard Foote give a very entertaining account of Johnson's happening to have his attention arrested by a man who was very furious, and who, while beating his straw, supposed it was William, Duke of Cumberland, whom he was punishing for his cruelties in Scotland in 1746. Samuel Johnson's serious and earnest

remarks on this occasion would have been worth preserving. Whatever there was of grotesque in the manner of their delivery, doubtless lost nothing in the hands of the other Samuel—that grand master of mockery and mimicry, Samuel Foote, the dramatic author and comedian.

CHAPTER XII.

Old abuses in the management of madhouses—Act of parliament to correct, in 1774—The College of Physicians—Want of power in—Act of 1808—Act of 1827—Conflagration of York Asylum—Establishment of the Board of Commissioners in Lunacy—Its present members—Their jurisdiction and powers—Certificates authorizing the confinement of a lunatic—Form of—Benefits derived from parliamentary interference.

IT is not our purpose to offend our readers with minute details in illustration of the various and shocking abuses which ultimately led to a reformation of the discipline and treatment commonly adopted in mad-houses; with regard to which places, it must not be inferred, as a matter of course, that their quondam government was *in all instances* marked by a total want of wisdom, justice, and humanity. To suppose so, would be to suppose that all men have the disposition to evil developed in the same degree, and the self-same motives for indulging it. Suffice it to say, in general terms, that power unchecked by limitations and surveillance produced its usual consequences, and that the authenticated annals of lunacy may, in point of frightful interest, and the appalling nature of their revelations, bear some comparison with those of buccaneering, or of the African slave trade. Yet, until an Act of Parliament was passed in the year 1774, intituled, ‘An Act for regulating Mad-houses,’ little was attempted by any legislative interference in this country, which was

calculated to protect the insane, or to procure for them that careful and remedial treatment so essential to beings deprived of their 'sovereignty of reason.' That act empowered the College of Physicians to elect five fellows of their body, for the purposes of granting licences to private asylums, and to act as visiting commissioners 'within the cities of London and Westminster, and within seven miles of the same, and within the county of Middlesex.' It also empowered justices of the peace, at Quarter Sessions, to license private houses for the reception of the insane in their respective localities, and to appoint two of their number, accompanied by a physician, to visit and inspect such licensed houses, '*in the day time*,' as often as they should think fit.

A step was thus made towards a recognition of the necessity of some systematic supervision of the abode of madness; but beyond this, very little practical benefit resulted from this specimen of what can be done by the collective wisdom of the country. The only thing the visitors were empowered to do, if they found anything deserving of censure, was to report it to the College of Physicians, who were authorized to punish the offenders by hanging up—not the offenders themselves but—a written animadversion on their conduct in the hall of their place of meeting, (then in Warwick-lane,) to be 'perused by whosoever should apply for that purpose.' This was literally almost all the power which the college derived from the Act 14 Geo. III. c. 49. They had none whatever to refuse a licence, which, indeed, they were required to grant 'to all persons desiring the same;' nor to

control the person possessing one in any respect; nor, unless he refused them admission into his establishment, to inflict any punishment upon him. They could not liberate a patient when recovered, or remove restraint, or regulate the supply of food, or compel proper medical attendance, or, in fact, enforce compliance with any suggestion which they might make, however important it might be, for the safety and comfort of the lunatic. Even the suspension of any reproofing notice in their hall was after a time discontinued—so rarely did people turn out of their way into the narrow and dirty precincts of Newgate-market, for the purpose of inspecting such a document.

How soon the performance of a disagreeable duty by people who met with an unwelcome reception wherever they went, and had, moreover, little besides a nominal remuneration for their trouble, degenerated into a simple matter of form, may be very easily imagined. Indeed, Dr. Powell, in his evidence on the subject before a committee of the House of Commons in 1815, says—‘ We cannot ascertain the number (of patients) correctly. We ask the keeper how many there are. I enter the names as he gives them to me; *and if we come within a few of the number, we think ourselves very well off.*’ Of the removal or death of patients the college took no cognizance at all.

If the provisions of this feeble piece of legislation did not much affect the condition of the poor lunatics, still less did it that of the lunatic poor, who were left to be dealt with as before, under an old Act of

George II., which enabled any two justices to cause them to be apprehended, and locked up in some secure place, '*and there chained;*' and if the settlement of a pauper thus impounded should prove to be in some other parish, it was incumbent on the justices to have him forwarded thither, to be there 'locked up and chained,' according to the provisions of the statute. Luckily, however, for the parish pauper, the adage which says that 'when things come to the worst, they must mend,' was sooner exemplified in his case than in that of people who laboured under no such degrading impecuniosity as himself.

By an Act of Parliament passed in 1808, Justices of the Peace were authorized to raise money by a rate to be levied on their respective counties, and to erect asylums for the reception of pauper lunatics; a measure which led to the establishment of institutions that have since outstripped all others in bringing as near to perfection as its nature seems at present to admit, the treatment of mental disease. Nevertheless, the magistracy were not over alert in availing themselves of the power thus placed in their hands. Twenty years were suffered to elapse before any of the fifty-two counties of England and Wales, except those of Nottingham, Bedford, Norfolk, Lancaster, Stafford, Cornwall, and Gloucester were provided with asylums for the accommodation of their insane poor, of whom more than five-sixths were thus left in their previous melancholy condition. What this condition was, may be learned by any one who will take the trouble of perusing the reports of sundry parliamentary committees, which were made in the years 1807,

1815, 1816, and 1827, in which latter year the College visitation farce was put an end to by an Act* framed and brought into the House of Commons by Mr. Robert Gordon, whose persevering exertions on this occasion were mainly instrumental in the introduction of some very salutary reforms, and in putting the whole system of mad-house supervision upon the footing whereon, with some alterations and amendments, it stands at the present day. The fact of these reforms having been long and loudly called for, rested upon no vague rumours, or mere general belief, but was fully substantiated by the evidence adduced on the occasions above referred to. The enormities found to exist in many asylums, both public and private, can scarcely be exaggerated. They comprised every species of cruelty, insult, and neglect, to which helpless and friendless people can be exposed, when abandoned to the charge of ignorant, idle, and ferocious keepers, acting without conscience or control.† The idea really seemed to prevail in many places that all the feelings of humanity were extinguished by the visitation of insanity, and that care and pains were ill bestowed upon people who were sometimes slow in appreciating them.

A most tragical circumstance which happened at York, in connexion with an investigation into malpractices at the lunatic hospital in that city, deserves to be recorded. The idea of an invasion by a committee of inquiry was as little relished by some of the

* 9 Geo. IV. c. 41.

† *Further Report of the Commissioners in Lunacy to the Lord Chancellor.* 1847.

house authorities there, as the aggressive advances of Buonaparte on their capital had been in the previous year by the subjects of the northern Czar. Accordingly, a hint was taken from the example of the patriotic Rostopchin and his Muscovite co-incendiaries. The place was set on fire, and no doubt was entertained of the deed having been intentionally done for the purpose of destroying that part of the building, the state of which was most obnoxious to inquiry and remark. Four of the patients at least perished in the conflagration; but several others were missing, of whom no account could be obtained at all. By the Act* which now controls the controller of the lunatic—*custodit ipsos custodes*—the establishment of a standing body of commissioners is confirmed for the purpose of carrying into effect the provisions of the new laws connected with the personal treatment or detention of the insane, which provisions have been of late years repeatedly modified and altered, as deficiencies have become apparent, or improvements suggested. The persons composing this body are entitled ‘The Commissioners in Lunacy,’ and they have an office for the transaction of business at No. 19, New-street, Spring-gardens. The present members of the commission are the following—Lord Ashley (chairman), Lord Seymour, Right Hon. R. Vernon Smith, and Mr. Robert Gordon. These gentlemen give their services gratuitously; but in addition to them, there are six salaried commissioners,

* 8th and 9th Victoria, intituled ‘An Act for the Regulation of the Care and Treatment of Lunatics. 1845.’

three of whom must be physicians or surgeons ; and the other three, barristers of at least five years' practice at the bar. The existing staff is composed of men of high character, and good standing in their respective professions, the practice of which they are prohibited from following during their tenure of office, and they receive therefore handsome salaries for their services (1500*l.* per annum each), and are entitled to retiring allowances, calculated on a liberal scale. The medical commissioners are—Dr. Thomas Turner, Dr. J. R. Hume (who was on the army medical staff in the Peninsula, and at Waterloo, and is still 'The Duke's' medical attendant), and Mr. S. Gaskell, F.R.C.S. The barristers are—Mr. B. W. Procter (known to the literary world as 'Barry Cornwall'), Mr. J. W. Mylne, and Mr. W. G. Campbell. The secretary is Mr. R. W. S. Lutwidge, barrister of Lincoln's-inn. The board thus composed is endowed with very extensive powers, and has confided to it duties of a very onerous and delicate nature. The more immediate jurisdiction of the commissioners is within a circuit of seven miles round London ; but their duties carry them, in the course of the year, through the whole of England and Wales, involving the necessity of their passing a great deal of time in oft-repeated journeys over the extent of some hundreds of miles. They have power to grant, withhold, or revoke the licences, without which insane patients cannot be legally received into any private establishment—to visit such establishments without previous notice by day or night—to examine patients, and order their immediate release, if they think fit—

to institute criminal proceedings against any persons, either principal or employé, who ill-treats or neglects an insane patient under his charge—and, in short, to carry fire and sword into those territories belonging to the ‘Abbot of Unreason,’ which had been long usurped and misgoverned by ‘The Lord of Misrule.’ No person can now be legally received into a mad-house without the certificate of two medical practitioners; and the proprietor of the house is bound, under penalty, to transmit to the commissioners, within a week after such reception, a copy of these certificates, and of such other information regarding the patient as is ordered to be set down in the following form:—

ORDER FOR THE RECEPTION OF A PRIVATE
PATIENT.

8 & 9 Vic., Sched. B., Sec. 45.

I, the undersigned, hereby request you to receive

a ^(a) _____, as a Patient into your ^(b)

Subjoined is a Statement respecting the said

Signed, Name, _____

Occupation (if any) _____

Place of Abode, _____

Degree of Relationship (if any), }
or other circumstances of }
connexion with the Patient } _____

Name of Patient, with Christian Name }
at length }

(a) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(b) House or hospital.

Sex and Age

Married, single, or widowed

Condition of Life, and previous Occupa-
tion (if any) }

Previous Place of Abode

Religious Persuasion, so far as known . .

Duration of existing Attack

Whether First Attack

Age (if known) on First Attack

Whether subject to Epilepsy

Whether suicidal or dangerous to others .

Previous Places of Confinement (if any) .

Whether found lunatic by Inquisition, }
and Date of Commission }Special Circumstances (if any) preventing }
the Patient being examined, before Ad-
mission, separately, by Two Medical
Practitioners }Special Circumstances (if any) preventing }
the insertion of any of above particulars }

Signed, Name, _____

Dated, this _____ Day of

One Thousand Eight Hundred and

To _____

(c) _____ of (d) _____

If the patient is a pauper, under the control of the parochial authorities, and placed in confinement at their expense, the same sort of medical authority is necessary, and it must be backed by that of a magis-

(c) Proprietor or superintendent.

(d) Describing the house or hospital by situation and name, if any.

trate, or of the parish clergyman and overseer of the place to which the patient may belong. In case of death, discharge, or escape, notice is likewise to be sent within a specified time. All these wise and judicious regulations are now carried into effect in a business-like and methodical manner; and whatever yet may remain to be done, there can be no doubt, that through the instrumentality of parliamentary interference, an immense amount of benefit has been conferred on society within the remembrance of most of us, both in alleviating the sufferings of the insane, and in preventing those to whom that phrase is of doubtful application from being detained in durance, as was formerly too often the case, during the entire term of their existence. No legislation can protect us altogether from the deliberate machinations of fraud, or the blunders of stupidity and ignorance; but it must be allowed, that if ninety people out of an hundred, truly or falsely accused of being deranged, are much better off than they were twenty years ago, and there is a prospect of the other ten being put upon an equal footing with themselves, the law, slow and tiresome as her progress still continues to be, is not quite such a hobbling old beldame as it is the fashion with some people to call her.

CHAPTER XIII.

Individual enterprise in the reformation of the treatment of lunacy—The Bicêtre in Paris—Its state in 1792—Pinel—His courageous conduct—Liberates fifty-three maniacs from their chains—Curious description of some of them—Singular coincidence—The Quakers—They found the ‘Retreat’ near York—Their methods of treating the insane—Controversy and its consequences—The great merit of the system pursued by the Quakers.

WE have said a good deal in our last chapter in eulogy of certain legislative enactments, and of the wholesome effect which they have had in mitigating the severities to which the insane were, at one time, very generally subjected, by the ignorance or obduracy of those who reigned over them.

But all our praises why should ‘LAWS’ engross?

The muse of history, if she be an ‘honest muse,’ will delight more in chronicling the good flowing from a few acts of spontaneous benevolence, than that which has resulted from the compulsory operation of a thousand acts of Parliament.

It is a circumstance which may be deemed curious by the lover of coincidences, that in the year 1792, at the time when the hopes and fears of most rational men in the city of Paris were engrossed by a constant succession of revolutionary changes, a grand revolution was likewise going on among the *irrational* members of that great community, which, like its prototype, terminated ultimately in securing for the

lies, in whose behalf it was set on foot, the enjoyment of more extended privileges, and an amended system of government. Fortunately for those who happened at that stormy period to be *within* the walls of the Bicêtre, as the great public receptacle for lunatics is called, the measures pursued for the purpose of putting their liberties on a better footing were of a nature differing widely from such as were deemed expedient to be adopted, by Robespierre and his sanguinary colleagues, towards many of their fellow countrymen on the *outside*. With *one** curious exception, every man therein confined, however uneasy his condition in other respects, *felt* that, at any rate, his head was tolerably safe upon his shoulders, and could rejoice that, in what was called *par excellence* 'The Age of Reason,' he who could plead the want or impairment of that distinctive quality, had more chance than its possessors of immunity from the risk of the scaffold. 'Cantabat *vacuus*,' like the beggar in Juvenal, the emptiness of whose purse makes its seizure so worthless.

While tyranny and oppression were raging on every side out of doors, Monsieur Pinel, the physician of the establishment, who had for some time entertained the idea that the coercion practised, in almost all the cases

* The mind of one of the inmates of the Bicêtre, about this period, was possessed by a very curious delusion, which shows how much the hallucinations of the insane are apt to take a shape and colouring from the principal and most exciting topic of the day. He imagined that, having lost his own head during the 'Reign of Terror,' the cranium of some other person had been substituted in its stead. Moore alludes humorously to this case in his 'Fudge Family in Paris.'

of lunacy under his charge, was as unnecessary as it was barbarously severe, took the bold step of having nearly fifty of his patients released at once from the restraint to which they had been regularly subjected, and astonished those about him, by demonstrating how little the act was accompanied by danger or inconvenience. This act, which, considering the ideas then prevalent on the subject, was really one of heroism, and showed a mind far in advance of mere conventional practice and belief, was followed up by further experiments of the same nature, the success of which proved that the world had for ages been going on in the blind conviction of the necessity of coupling the treatment of lunacy with cruel restraints, and other severe inflictions, when all the while a system of mildness and conciliation was not only more consonant to the feelings of humanity, but a great deal more efficacious, when considered in the light of a therapeutical agent.

The following account of the experiment (from the *British and Foreign Medical Review*) is no doubt familiar enough to professional readers ; but as it is not to them that we address ourselves, we shall make no apology for its insertion.

‘ In the frightful prison of the Bicêtre, the universal practice was to load the lunatic patients with heavy chains, which remained on for the remainder of their lives, and to immure them in dark, unwarmed, unventilated cells. Towards the end of the year 1792, however, Pinel, after having many times urged the government to allow him to unchain the maniacs at the Bicêtre, but in vain, went himself to the authori-

ties, and, with much earnestness and warmth, advocated the removal of this monstrous abuse. Couthon, a member of the Commune, gave way to Pinel's arguments, and agreed to meet him at the Bicêtre. Couthon then interrogated those who were chained, but the abuse he received, and the confused sounds of cries, vociferations, and the clanking of chains in the filthy and damp cells, made him recoil from Pinel's proposition. 'You may do what you will with them,' said he, 'but I fear you will become their victim.' Pinel instantly commenced his undertaking. There were about fifty whom he considered might, without danger to the others, be unchained, and he began by releasing twelve, with the sole precaution of having previously prepared the same number of strong waistcoats, with long sleeves, which could be tied behind the back if necessary. The first man on whom the experiment was to be tried was an English captain, whose history no one knew, as he had been in chains forty years. He was thought to be one of the most furious among them; his keepers approached him with caution, as he had in a fit of fury killed one of them on the spot, with a blow from his manacles. He was chained more rigorously than any of the others. Pinel entered his cell unattended, and calmly said to him—'Captain, I will order your chains to be taken off, and give you liberty to walk in the court, if you will promise me to behave well, and injure no one.' 'Yes, I promise you,' said the maniac; 'but you are laughing at me: you are all too much afraid of me.' 'I have six men,' answered Pinel, 'ready to enforce my commands, if necessary. Believe me,

then, on my word, I will give you your liberty, if you will put on this waistcoat.' He submitted to this willingly, without a word: his chains were removed, and the keepers retired, leaving the door of the cell open. He raised himself many times from the seat, but fell again on it, for he had been in a sitting posture so long, that he had lost the use of his legs; in a quarter of an hour he succeeded in maintaining his balance, and, with tottering steps, came to the door of his dark cell. His first look was at the sky, and he cried out, enthusiastically, — 'How beautiful.' During the rest of the day he was constantly in motion, walking up and down the staircases, and uttering exclamations of delight. In the evening he retired, of his own accord, into his cell, where a better bed than he had been accustomed to had been prepared, and he slept tranquilly. During the two succeeding years, which he spent in the Bicêtre, he had no return of his previous paroxysms, but even rendered himself useful, by exercising a kind of authority over the insane patients, whom he ruled in his own fashion.

'The next unfortunate being whom Pinel visited was a soldier of the French Guards, whose only fault was drunkenness. When once he lost his self-command by drink, he became quarrelsome and violent, and the more dangerous from his great bodily strength. From his frequent excesses he had been discharged from the corps, and he had speedily dissipated his scanty means. Disgrace and misery so depressed him that he became insane: in his paroxysms he believed himself a general, and fought those who would not acknowledge his rank. After a furious struggle

of this sort he was brought to the Bicêtre, in a state of the greatest excitement. He had now been chained for ten years, and with greater care than the others, from his having frequently broken his chains with his hands only. Once, when he broke loose, he defied all his keepers to enter his cell, until they had each passed under his legs, and he compelled eight men to obey this strange mandate. Pinel, in his previous visits to him, regarded him as a man of original good nature, but under excitement, incessantly kept up by cruel treatment, and he had promised speedily to ameliorate his condition, which promise had alone made him more calm. Now he announced to him that he should be chained no longer; and, to prove that he had confidence in him, and believed him to be a man capable of better things, he called upon him to assist in releasing those others who had not reason like himself, and promised, if he conducted himself well, to take him into his own service. The change was sudden and complete. No sooner was he liberated, than he became obliging and attentive, following with his eye every motion of Pinel, and executing his orders with as much address as promptness: he spoke kindly and reasonably to the other patients, and during the remainder of his life, was entirely devoted to his deliverer. ‘And I can never hear without emotion (says Pinel’s son,) the name of this man, who, some years after this occurrence, shared with me the games of my childhood, and to whom I shall feel always attached.’

‘In the next cell were three Prussian soldiers, who had been in chains for many years, but on what ac-

count no one knew. They were, in general, calm and inoffensive, becoming animated only when conversing together in their own language, which was unintelligible to others. They were allowed the only consolation of which they appeared sensible,—to live together. The preparations taken to release them alarmed them, as they imagined the keepers were come to inflict new severities, and they opposed them violently when removing their irons. When released, they were not willing to leave their prison, and remained in their habitual posture. Either grief or loss of intellect had rendered them indifferent to liberty. Near to them was seen an old priest, who was possessed with the idea that he was Christ. On his being once taunted with the question, that ‘if he was Christ, he could break his chains,’ he solemnly replied—‘*Frustra tentaris Dominum tuum.*’ He had been taken by the police before the Archbishop of Paris, by whose orders he was confined in the Bicêtre, as either impious or insane. His hands and feet, during twelve years, had been loaded with heavy chains. Pinel did not attempt to reason with him, but ordered him to be unchained in silence, and directed, at the same time, that every one should imitate the old man’s reserve, and never speak to him. He was considered well enough to be at large before the expiration of twelve months, and dismissed from the Bicêtre accordingly.

‘In the course of a few days Pinel released fifty-three of these maniacs from their chains; among them were men of all conditions, — workmen, merchants, soldiers, lawyers, &c. The result was beyond

his hopes. Tranquillity and harmony succeeded to tumult and disorder, and the whole discipline was marked with a regularity and kindness which had a most favourable effect throughout the entire establishment.'

But the *coincidence* to which we referred a page or two back is rendered much more complete by the fact that, in the very same year, 1792, the 'Revolution' of ideas, regarding the management of the insane broke out in another quarter of the world, where the proceedings of Pinel had not yet been heard of, and thus may be seen to have had an independent origin in two distinct countries at nearly the same identical period of time.

The movement in question originated among the members of the 'Society of Friends,' or, as they are more commonly called, 'Quakers;' a set of people whom John Bull, in his more pompous mood, is as much given to sneer at and quiz, as he is prone, when conning the Nelsonian catechism, to bestow the full measure of his hatred and contempt upon Frenchmen. The wisdom and liberality displayed in fostering such feelings by an Englishman, who is in full enjoyment of his senses, it is not our business here to discuss: all we contend for is, that as soon as those senses become at all impaired, he will be bound in gratitude to employ the sound remainder in blessing the name of Quaker and Frenchman, so long as his tongue is permitted to articulate.*

* Our countrymen, forsooth, are the last people who should affect contempt towards those who have paid any attention to

At a meeting of the 'Friends' at York, the late Mr. William Tuke, one of their number, brought forward some proposals for the formation of an establishment for the use, principally, of the insane members of his own community. These proposals were embodied in sundry prospectuses issued in the same and the ensuing year, from which it appears that the motives which chiefly influenced the original promoters of the scheme were as follows:—'It was conceived that peculiar advantages would be derived to the Society of Friends by an institution of this kind, under their own care, in which a *milder and more appropriate system of treatment than that usually practised might be adopted*; and where, during lucid intervals, or the state of convalescence, the patient might enjoy the society of those who were of similar habits and opinions. It was thought that the indiscriminate mixture, in large public establishments, of persons of opposite religious sentiments and practices,—of the profane and serious,—the profligate and virtuous, was calculated to check the progress of returning reason, and to fix, still deeper, the melancholy and

plans for the amendment of the understanding, if there be any truth in what Shakspeare has put into the mouth of the Danish gravedigger:—

1st Clown. Cannot you tell that? every fool can tell that: it was the very day that young Hamlet was born: he that was mad, and sent into England.

Hamlet. Ay, marry, why was he sent into England?

1st Clown. Why, because he was mad: he shall recover his wits there; or, if he do not, it's no great matter *there*.

Hamlet. Why?

1st Clown. 'Twill not be seen in him: *there the men are as mad as he*.

misanthropic train of ideas, which, in some descriptions of insanity, impresses the mind.*

In conformity with the views thus set forth, subscriptions were collected, and a building, calculated for the accommodation of thirty patients, raised on an elevated spot of ground, half a mile from the walls of the city of York. It stood encircled by a little domain, consisting of about eleven acres of land, and was opened in 1796, under the name of 'The Retreat,' which it has borne ever since. Here the Quakers proceeded to apply to the management of the deranged members of their community those principles of quiet and enduring self-command which had enabled their ancestors, in bygone times, to withstand, without having recourse to arms, the fierceness of religious persecutors in the Old World, and untutored savages in the New. They were the first to discard, to a far greater extent than had hitherto been sanctioned in England, the methods of forcible coercion which had so long prevailed, and to substitute, instead, systematic measures of toleration and forbearance. They introduced among their patients a number of light recreations and amusements, such as were judged suitable for attracting or diverting the attention, without making any call upon the higher faculties of the intellect. The most easy and ordinary operations of the flower-garden, the tending of rabbits and poultry, games of skill, reading, exercise in the surrounding grounds, and so forth, were the

* See *Description of the Retreat near York*, by WILLIAM TUKE. 1813; also, *Statistics of the Retreat from its establishment in 1796 to 1840*. Octavo. York, 1841.

means which these practical, long-headed, and benevolent people very rationally considered were more likely to soothe irritability, or even to calm downright violence, than the time-honoured practice of severity and bodily control. The success they met with in this laudable undertaking was so great, that the founder of the 'Retreat,' Mr. Tuke, thought it right to make public the plans which had been found so eminently serviceable, and to recommend their adoption in all similar institutions. This was considered, as in effect it was, an attack upon the management of the Lunatic Hospital, in the adjoining city of York, and Mr. Tuke's book, accordingly, called forth the animadversions of one of the principal directors of that establishment. The dispute went on; but the man in office soon found out, to his dismay and astonishment, that in contending with an antagonist belonging to a sect whose coolness is a proverb, he was burning his own fingers pretty severely. The whole city of York was involved in a paper war, which terminated, eventually, in the thorough reform of the institution, the state of which was the subject of controversy, but not until, as we had occasion to relate a few pages back, one entire wing of the building had been wilfully committed to the flames.

The Quakers followed up their victory in their own quiet way,—saying but little, while doing a great deal. They increased their buildings,—bought more land,—and the reputation of their method of managing the 'Retreat' having become noised about, people of other persuasions were very glad to avail themselves of the opportunity which these extended ac-

accommodations afforded, of placing their deranged relatives under the charge of its conductors, and paying handsomely for the care and good treatment they received. Thus they were enabled to enlarge the resources of their charity, and to assist a greater number of people of the poorer orders, by admitting them to the benefits of it, at a cost suitable to the means of their families and connexions.

Such is the history of the introduction into this country of a mild and lenient system of coping with a disease, which seemed to have affected the understanding of the nurse and the doctor, in an almost equal degree with that of the patient himself, whose degradation into the condition of a savage, and apparently untameable wild beast, gave a character of being little better than bear-wardens to those about him, whose duty it was to act as the protectors of his person and the guardians of his health.

The merit of originating these great improvements on this side the Channel is the undoubted property of the Quaker community, who, however they may have failed hitherto in inculcating their love of peacefulness and forbearance on those who *have* reason to guide them in the pursuit of happiness, can always point to the 'Retreat' as the first harbour constructed in England, where the madman could with safety seek refuge from the scorn and buffetings of a merciless world, and in which he found, in reality, what, in his case, was at one time, among other Christian sects, little better than a mockery and a semblance,—*vide licet*:

A home to rest, a shelter to defend,
Peace, and repose, a Briton, and 'A Friend!'

CHAPTER XIV.

State of lunacy in England at the close of the war—Investigation at Bethlehem Hospital in 1815—Consequences of—Increase of county asylums—Great improvements introduced—Farming and gardening—Sir William Ellis—Destructive and mischievous lunatics—Their employment in handicrafts—Good effects from—Further improvements—The non-restraint system—Reports of Dr. Charlesworth, Mr. Hill, and Dr. Conolly—Other claimants to the title of originators of non-restraint—Their actual merits—Difficulties of establishing non-restraint universally—Reasons for—A trip to Hanwell—The patients there—A peep at the refractory wards—Mode of dealing with a refractory patient—Contrasted with the old mode—The ‘seclusion-chamber’—Note.

‘IF experience,’ says an anonymous writer,* ‘did not always show that improvements of any kind are slow, and invariably met by opposition, we should be at a loss to account for the fact, that in England, twenty-three years after the liberation of the lunatics at the Bicêtre, a state of things equally bad, if not worse than had there been prevalent, generally existed.’ This remark refers to the year 1815, when only three asylums, built in accordance with the Act of Parliament, passed in 1808, had been opened for the reception of lunatics—those, namely, of Nottingham, Bedford, and Norfolk. The cheerless ‘winter of discontent’ in which the majority of the insane still lingered throughout the country, had not yet been

* See *Supplement to the Penny Cyclopædia*. 1846. Art. ‘Lunatic Asylums.’

‘made joyful summer by that sun of York!’ which beamed first from the Quaker’s Retreat, hard by the capital of the great northern shire; and while the eyes of the rest of the nation were bent eagerly upon the progress of the war abroad, the lunatic part of the population was left to fight its own battles at home unthought of and unseen, save by the casual eye of some amateur philanthropist. In the year 1815, however, a great upstir was made about the condition of the Hospital of Bethlehem, which was found to be in a sadly neglected state. One patient had been confined for twelve years in such an extraordinary manner, with a complication of locks, bars, bolts, rivets, and chains, that a great outcry was made about his case by the public, who are sadly apt to let misery pass on its course unnoticed, unless it arrests their attention by exhibiting some traits of the marvellous or picturesque. The result of the investigation which took place on this occasion was, that public attention was drawn more than ever towards the treatment of the insane. County asylums for paupers began to come more quickly into fashion, where new methods of treatment were embraced by those whom habit had not confirmed into a belief in the superior efficacy of the old ones. Chains were removed, and milder restraints substituted; and much more care given to the warming, clothing, and diet of the patients. Then came the introduction of regular and systematic employment, particularly in farming and gardening operations, in the furtherance of which plan, the late Sir William Ellis, physician to the asylum at Wakefield, and afterwards to that of Hanwell, eminently

distinguished himself. The business which the devil is so proverbially anxious to provide for those who have nothing to do, is nowhere so actively carried on as within the walls of a mad-house. It is curious to observe among lunatics, who are left to saunter about without occupation, what a disposition they have to keep their hands in a state of mischievous activity; and where they are prohibited from fighting, and have nothing but a paved court or a boarded floor whereon to exercise their thoughts, they generally resort to their clothing for the means of amusement which is otherwise denied them. Some, without Lear's premonitory apostrophe, 'Off, off ye lendings,' will strip themselves, unless prevented, fifty times in a day. Others display, like the loose-robed Persian, an unconquerable aversion to buttons, every one of which they will, with exceeding painstaking, screw and twist off from their garments, substituting a thousand fantastic fastenings of shreds derived from the same source, and exhibiting themselves thus in a state of 'looped and windowed raggedness,' which has no parallel out of a neighbouring country, where the beggar's cast-off apparel is proverbially known to be a very marketable commodity. The established plan for the prevention of these unseemly and wasteful propensities, was to put the delinquent's hands into a pair of leathern muffs, and let him walk about at his leisure. This, to be sure, was much better than locking him up as of old, night and day, in a cell, without any covering at all; but it was found better still to let him turn to some good account the importunate restlessness of his fingers, and hence came the

gradual introduction of all sorts of handicrafts, suggested, not only with a view of keeping the lunatic out of mischief, but also for the purpose of preserving his mind from the corroding effects of idleness, restoring to it a healthy tone, and thus fitting him to be released, and to resume his wonted calling at the earliest opportunity. The evil results which it was predicted would arise from these, as from most other reforms, were never realized. It was found that in spite of the canny Scotch maxim, which says that 'fules should na hae chapping sticks,' all the implements of labour were, with only moderate precaution, quite as safe in the hands of the insane who were under surveillance, as of any other people; and that the carpenters and shoemakers, &c., whose trade required the use of highly sharpened tools, could be entrusted with them with such a small amount of risk as made their prohibition a rarity, not invalidating a rule which has since become one of general adoption. Other subsidiary methods were then invented, for the purpose of getting rid of the employment of mechanical bodily coercion among those whose minds were too far gone to admit of their being engaged in any useful occupation. For those given to tear or dispossess themselves of their clothes, strong dresses of canvas, and such sort of material, were provided, and made secure on their persons with buckles, the tongues of which screwed off and on with a key, a contrivance which no ordinary 'pickers and stealers' could rend or unfasten.

Thus another step was made in advance; but there was scope for further exertion. At the Lincoln

County Lunatic Asylum, in 1832, when the first order was given for the adoption of these dresses, fifty-five patients, out of eighty-one, were in some sort of restraint or other. In 1836, there were only twelve in the same predicament, out of 115; and in 1837, only two remained in confinement, out of 130. In the month of March in that year, the implements of restraint were entirely cast aside, and have not since been had recourse to.* The establishment in which this occurred, was under the medical direction of Dr. Charlesworth and Mr. Hill. A lecture on the subject was delivered by the latter gentleman in 1838, in which the following sentence occurs:—‘In a properly constructed asylum, with a sufficient number of suitable attendants, restraint is never necessary, never justifiable, and always injurious, in all cases of lunacy whatever.’ In these views, Dr. Conolly, physician to the Middlesex County Asylum at Hanwell, has for some years declared his concurrence. He succeeded to the superintendence of that establishment in 1839, and in a very short time completely abolished mechanical restraint in all the forms in which it had been previously applied. His admirable ‘Reports’ made the subject more generally discussed than ever; and many practitioners came forward to claim the system as their own, which they had been practising for years, though they were willing to admit that at Lincoln and Hanwell it had been carried a little farther.

* Except, we believe, for a short period, owing to some difference of opinion among the directors, which we need not enter into.

There was a good deal of truth in some, at any rate, of these assertions, but then it was not 'the whole truth, and nothing but the truth;' and even if it had been, it would derogate in no measure from the merit to which the Lincoln and Hanwell authorities are fairly entitled of being the discoverers and establishers of the non-restraint system as at present carried out. Sydney Smith puts a question of this sort, as he does many others, in the clearest light, in one of his articles in the *Edinburgh Review*,* 'That man is not the discoverer of any art who first says the thing; but he who says it so long, so loud, and so clearly that he compels mankind to hear him; the man is so deeply impressed with the importance of his discovery, that he will take no denial, but, at the risk of fortune or fame, pushes through all opposition, and is determined, that what he thinks he has discovered shall not perish for want of a fair trial. Other persons had noticed the effect of coal-gas in producing light; but Winsor worried the town in bad English for three winters, before he could attract any serious attention to his views. Many persons broke stone before Macadam; but Macadam felt the discovery more strongly, stated it more clearly, persevered in it with greater tenacity, wielded his hammer, in short, with greater force than other men, and finally succeeded in bringing his plan into general use.'

It is, we believe, the fact, that in some private receptacles for the insane, mechanical restraint had

* See a critique on 'Hamilton's Method of Teaching Languages,' *Edinburgh Review*, 1826.

been practically disused for some time before its formal abandonment by Dr. Charlesworth, Mr. Hill, and Dr. Conolly; but then this had only occurred in those places where the number of patients was very limited, and of attendants unlimited: the majority of the former, moreover, being such poor, harmless creatures as old Mr. Chuffey—against whom even Mrs. Gamp, and her amiable colleague, Mrs. Betsy Prig,* would almost scorn to lift a finger. Many very creditable attempts had been made, even by the superintendents of houses enjoying no very good character for the treatment employed in them, towards dispensing with the use of the ordinary apparatus of bodily coercion; but as their success was but partial, they can, of course, only claim credit for their intentions, and for what they really did; which, however, was far from contemptible. One of the causes of their failure, which has not even yet ceased to operate, demands further consideration.

* ‘ ‘Why, highty, tighty, Sir!’ cried Mrs. Gamp, ‘is these your manners? You want a pitcher of water throw’d over you to bring you round; that’s my belief; and if you was under Betsy Prig, you’d have it too, I do assure you, Mr. Chuffey,’ &c. &c. &c.

‘No doubt with a view of carrying out the precepts she enforced, Mrs. Gamp took him by the collar of his coat, and gave him some dozen or two of hearty shakes backward and forward in his chair, that exercise being considered by the disciples of the Prig school of nursing [who are very numerous among professional ladies] as exceedingly conducive to repose, and highly beneficial to the performance of the nervous functions. Its effect in this instance was to render the patient so giddy and addle-headed that he could say nothing more; which Mrs. Gamp regarded as the triumph of her art.—*Martin Chuzzlewit*, chap. 46.

The reports of Dr. Conolly and others show what efficient substitutes humanity, forbearance, and watchfulness are for handcuffs, strait-waistcoats, hobbles, and coercion-chairs; and it is to the immortal credit of these gentlemen, that their perseverance has, within no limited sphere, made the Christian virtues in question change places with those odious and repugnant forms of iron, canvas, leather, and wood. Unfortunately, however, it seldom occurs that a victory, when fairly within sight, or even won, can be efficiently followed up without some consultation with the paymaster-general of the forces. ‘I have evermore found,’ says Baron Bradwardine, ‘the sinews of war, as a learned author calls the *caisse militaire*, more difficult to come by than either its flesh, blood, or bones.’

The method of non-restraint having been demonstrated to be practicable within the walls of an asylum, the whole question of its universal adoption there resolves itself now into one of finance. It is quite impossible to carry it out *in all cases alike*, unless in a building which has been designed with a special view to its employment; nor even there, without a very liberal staff of efficient attendants; and this adaptation of the means to the end cannot be accomplished without the incurring of an expense into which the proprietors of private establishments can only be expected to embark, with the view of pecuniary remuneration. ‘When restraints are to be discontinued,’ says Dr. Conolly, ‘it may be found for the first time, that there is not a room in the asylum properly adapted to the safe keeping of a violent

patient; not a window which is not easily reached and opened; not a shutter that can be properly secured; no ward door that cannot be opened without a key; nor any clothes or bedding that cannot be easily torn. The attendants may be too few in number,' &c. &c. It is upon these circumstances that much of the difficulty is found to turn, when the system of discarding entirely the old mechanical aids comes to be applied to refractory and mischievous patients, who are in a condition of life hovering between comfortable independence, and the necessity of resorting to parochial or eleemosynary aid. What money will do at a short notice for the rich, the poor now find already done for them, in most of the public hospitals and asylums; but as regards the class referred to, the non-restraint system remains at present in a sort of transition state, from which there will be some difficulty in extricating it.

The reader may be glad, however, in lieu of further dissertation in this place, to acquire some more specific idea of what the non-restraint method, as it is called, really is. If so, he is only to suppose himself in our company, while we make a trip to the village of Hanwell, about a dozen miles from town, on the line of the Great Western Railway. We take steam at Paddington, and are wafted in a trice to the station; a short walk from which brings us to the porter's lodge, beneath a gateway leading into the grounds of the asylum, which stands on a good elevation, bounded by the turnpike road that runs to Uxbridge. Passing on through a large space laid out in lawn and shrubberies, we get, on a near

approach to the building, a clearer idea of its gigantic bulk, which spreads over a vast extent of surface, and is surrounded by numerous airing and exercise grounds, kitchen-gardens, and a farm of about twenty acres in extent; in all of which may be seen patients occupied in labour, amusement, or exercise, according to the particular bent of their respective fancies. In-doors, the tailors, carpenters, shoemakers, &c., are all busy in their vocations, while the business of the laundry and kitchen is carried on by the female patients, under the superintendence of the functionaries who have the care of these important departments. There is a bazaar, too, in which specimens of fancy needle-work executed at the asylum are exposed for sale, the proceeds of which are either disbursed for the purpose of procuring little indulgences for such as are permanent inmates, or go in aid of the fund founded by the late Queen Adelaide, for the assistance in money and clothing of those who are discharged.

It is Saturday evening; and some of the females are looking out the little bits of finery in which they mean to appear at the chapel to-morrow—where between three and four hundred patients are in the habit of attending twice every Sunday throughout the year. ‘No familiarity with this spectacle,’ says Dr. Conolly,* ‘can weaken its impressive effect. Occasional oddities and slight irregularities are displayed; but the general demeanour of the congrega-

* *Second Report of the Resident Physician of the Pauper Lunatic Asylum, Hanwell.* 1840.

tion is most remarkable. The neatness and the respectable and satisfied appearance of some of the female patients when at chapel, whom Dr. Conolly recollects in a state bordering on imbecility or brutality, require to be seen to be fully appreciated. It happens almost every week, that patients recovering from attacks of excitement are petitioners for the indulgence of going to chapel. Whenever there is reason to think they may be trusted, their desire is complied with; and, generally speaking, they entirely control their conduct during the service—with respect to several, no manifestation of insanity being made which would lead a person unacquainted with them to conjecture that they were lunatics. Among the men there are a great many examples of this kind; and the gravity and respectability of their appearance would cause an observer to be extremely struck with the contrast presented by their incoherent conversation when spoken to. So accustomed are the patients to preserve their composure during the hour of service, that if, as sometimes happens, an epileptic patient utters a loud scream, falls into a fit, and requires to be taken out by the keepers or nurses, very few of their comrades quit their seats; and those in the immediate neighbourhood of the person affected usually render what assistance they can, and then quietly resume their places. It should be remarked, *en passant*, that as there are patients of various religious persuasions in the asylum, their wishes respecting seeing ministers of their own persuasion are always scrupulously attended to.

But let us pass on and have a peep at the refrac-

tory wards, devoted to the reception of those patients whose disposition to turbulence is such as to render them more carefully watched than the others. A vast number of those who formerly belonged to this department are now mixed with the others, and exhibit proof of the fact, that while, under a bad system, most lunatics are more or less entitled to the designation of refractory, under a good one, the disposition to violence in many is hardly known to exist, simply because no occasion is given which may elicit or provoke it. Still there are some who, under any system of management, must be deemed to be, to all intents and purposes, very outrageous and refractory subjects.

How do they contrive to deal with them here? See! there is a case in point: now, we shall have an opportunity of judging. Look at that tall fellow at the end of the long gallery, whom the attendants are in vain trying to coax into quietness; he will certainly break somebody's bones before he has done. At this moment a shrill whistle is heard—the door is opened without any noise, and in the twinkling of an eye the tall maniac is surrounded by half-a-dozen powerful men, who, before he has time to resist, whisk him into a small room near at hand, and close the door upon him. No manœuvre executed under the eye of Napoleon himself could be more skilfully accomplished. It reminds one, in fact, of the secret of his great success in action, so graphically illustrated by Lord Brougham,* in the passage ending with ‘Que

* *Lives of Eminent Statesmen.*

le maréchal avance en défilant par sa gauche, et tout ce qui se trouve à sa droite est prisonnier.' Each attendant is provided with a small whistle, and his instructions are, to use it in cases of emergency, and then his comrades on duty in the neighbouring wards, who are drilled into an instant obedience to the signal, bringing at once an overwhelming force to bear upon the same point, reduce the possession of the field to a mathematical certainty, without there being, moreover, as in the Emperor's great 'affairs,' a heavy return of killed and wounded. What a far different spectacle is presented, when the use of the strait-waistcoat is determined on, for the purpose of subduing a violent patient, in what must be a downright pitched battle—especially when the operation is undertaken by a small muster of keepers. Whoever has witnessed even the difficulty experienced by a nurse in the task of stuffing a mutinous child into its clothes, may, by the aid of the multiplication table, and a very strong imagination, form some idea of what the scene must be, when a powerful, muscular man offers a determined resistance to the attempts made by two or three others to ram and cram him into a close-fitting garment against his will. A violent struggle commences—down goes the whole party on the floor—one man limps out of the fray with a disabling bruise on the shin—another, finding the fleshy part of his arm uncomfortably enclosed between the patient's teeth, half throttles him in order to disengage it. *Fervet opus*: the battle goes on. In the end, main force prevails—the patient's limbs are lashed together with a tightness most likely

proportioned to the difficulty which the attendants have encountered in securing him; and he is left, heated, irritated, mortified, and most probably bruised and hurt, to scream, to shout, to execrate, and, apparently, to exhaust the whole soul in bitter and hateful expressions, and in curses too horrible for human ears.

Instead of creating all this hubbub and disturbance, it is ten times as easy to hustle even the strongest man to the distance of a few paces off, and adroitly pop him into another room. Then, when he is there, his limbs are unconfined, and he does not further exhaust himself with tugging and straining at all sorts of knots and ligatures, which will require constant attention to prevent him either from getting loose, or from tightening them to a degree which is both painful and dangerous. All this, as Dr. Conolly remarks, is like endeavouring to smother a fierce fire by heaping very combustible materials upon it.

But let us now approach and peep quietly through a little aperture in what is called the 'inspection-plate,' which, without the patient's knowledge, admits of his being overlooked in his new apartment. It is a small chamber, called the 'seclusion room,' wadded all round, and with a floor composed of some mixture of cork and india rubber. This is to prevent his injuring himself by knocking his head about, and it also deadens the noise which would be created by his attempts to break out. The window is guarded by a strong shutter, which is perforated to admit a modified light only. In the corner is a bedstead, with a mattress enclosed in extremely strong ticking, which

will resist great efforts to destroy it. Upon this, after a few ineffectual attempts to break loose, he will most likely throw himself in a little time, and fall into a sound sleep. 'And how long will he be kept here?' we inquire of the attendant. This must, of course, depend upon circumstances. The exact minute of his incarceration and release must be entered in a book, for the inspection of the medical officers. Perhaps an hour's confinement may be enough; and then, if he is not sufficiently tranquil to be allowed to mix with the other patients, he may be placed in an airing court or gallery by himself, where, having freedom of action, he will find relief in taking strong muscular exercise, which is the best method of ensuring him another nap. Nothing, certainly, can be better contrived than all this for the purpose of combining the greatest possible amount of freedom which can be permitted to the patient himself, with a due regard to the safety of those who are about him. There are many other auxiliary plans adopted in the asylum, the ingenuity of which must be seen to be duly appreciated. They all tend towards the accomplishment of the same object—that of diminishing the necessity of resorting at all to bodily coercion; and, when that measure can no longer be dispensed with, of substituting the application of it in its mildest and least irritating form, for the exasperating and often prolonged and severe inflictions which custom had previously sanctioned, and which necessity, in some other places, still renders imperative. Thus we have witnessed what the system called non-restraint really is—a very excellent and admirable

invention, with what must be allowed to be a very inappropriate appellation—a circumstance somewhat remarkable in these days of panglossal nomenclature. This matter, to be sure, is only of importance as it gives a handle to those who make the treatment of lunacy a subject, not of anxious thought, but of factious disputation, and who, sinking the value of the THING in the absurdity of the NAME, argue that there is little difference between shutting a man up in a strait-jacket and shutting him up in a cupboard. The principal, indeed the only evil attached to the plan, is one that will bear to be further enlarged upon; but, at present, we will take our leave of the Hanwell Asylum, its eulogists, detractors, directors, and inmates, and depart, much pleased with the result of our visit, and with the benevolent views and exertions of those whose names are connected with a new era in the history of human improvement.*

* Mr. Serjeant Adams and Mr. Pownall were conspicuous among the Middlesex magistrates in backing, by their influence, Dr. Conolly's exertions while conducting his experiment to its final issue. The building of the Hanwell Asylum was commenced in 1829, and opened in 1831, with accommodation at that time for 600 patients, at an expense of 107,240*l.*, which, with furniture and fittings-up, made a total of 124,440*l.* The whole expense, from the commencement to June, 1841, for buildings, furniture, &c., was 155,234*l.* 12*s.* 8*d.*, and the cost of alterations, repairs, and minor improvements, have amounted to 20,180*l.* 4*s.* 4*d.*, which, with 40,514*l.* 8*s.* 2*d.* interest on bonds up to June, 1841, make a total of 215,929*l.* 5*s.* 2*d.* In addition to this, another large sum has been voted for the erection of a building at Colney Hatch, the first stone of which was laid by Prince Albert a little while ago. It is to serve as a chapel of ease to the parent institution. In consequence of this prodigious original outlay, the weekly cost of a lunatic ploughman nearly doubles that which the same man, when

well, can earn by hard labour for the maintenance of himself and his entire family—an anomaly which has caused a great outcry among the rate-payers of Middlesex. For our own parts, believing that such errors were unavoidable, and that experience must be bought and paid for by somebody, we do not grudge one farthing of the money, in consideration of the good that has been achieved in carrying out a great though costly experiment, the *éclat* resulting from the success of which, however, inspired the magistrates of some other parts of the kingdom with a ‘*furor*’ for lodging their insane poor in Elizabethan palaces, whose cost threatened seriously to cripple the resources of their respective counties, and materially retarded the interests of the non-restraint question, by draining, for the sake of useless show, the pockets of the rate-payers. Fortunately this tendency to the introduction of ornamental architecture into the construction of pauper lunatic houses has received a timely check, as all plans and estimates relating to their building and alteration must now be submitted to the Commissioners in Lunacy, who appear to have taken throughout a thoughtful, sober, and practical view of the non-restraint question, and to have been employed in thoroughly informing themselves about it in all its bearings, before reporting on the practicability of its general adoption. A great deal of fault has been found with them for not having found out and forced it into use themselves; but the fact is, that before its establishment, they had never had conferred on them the power of visiting and controlling any but the private asylums, where the experiment, if tried, would have failed for lack of funds, and of disinterested zeal in the proprietors to go through with it, and where even now it is frequently adopted only in deference to the necessity of bowing to public opinion. They were, therefore, obliged to content themselves with introducing such reforms as were of immediate and pressing necessity, and any one who has watched the progress of alteration and improvement in these places during the last twenty years, will bear testimony to the fact that the amount of good done by Lord Ashley and his colleagues has been of incalculable advantage to the interests of the country, and of civilization in general.

CHAPTER XV.

Considerations touching the confinement of lunatics—The private madhouses—Great improvements in, latterly—Ordinary appearance of, when visited—A discourse with the doctor of one—What to be learned from—Want of middle-class establishments of the cheaper sort—The public charities—Bethlehem Hospital—St. Luke's—Guy's Hospital—Insufficiency of, for reception of incurables—Poor people and paupers—Difference between—Anticipations and hopes.

THERE are few people in any class of society in this country who are not, sooner or later in the course of their lives, driven to take an interest in the subject of the treatment of lunatics, by being called on to look out for a receptacle, wherein some one connected with them may be most advantageously placed, either with a view to the cure of his disorder, the safety of his person, or the comfort of his family. If their advice or interference is not sought for in behalf of a relative, it may be perchance with regard to an old servant, or some one for whom they are acting as trustees, or on account of any other acquaintance, dependent, or ally. In such a case they will not regret having acquired, at the expense even of what they may consider dull reading, any hints that may be of service, whether they are in search of such accommodations as are furnished gratis from the resources of public charity, or those which private enterprise, with still more obliging readiness, under-

takes to supply, though only 'for a consideration.' With regard to the latter, however, we can only make a few general remarks, as it would be invidious to point out any particular establishment which may be entitled to preference, either on account of situation, or the character which it bears for the extent and convenience of its arrangements, or the treatment adopted towards its inmates. In almost all parts of the country, and in the suburbs and neighbourhood of London, are to be found asylums for the reception of the insane, conducted on the principle of giving accommodation to the deranged inmates, precisely in proportion to the payment made on their behalf respectively. This principle, it may be readily conjectured, is differently carried out in different houses. Some of these have always been conducted on a praiseworthy scale of liberality and enlightenment; and we believe that there are few which have not at length been emancipated from the stigma which Mr. Dickens has written indelibly upon the walls of 'the pleasant village of Dotheboys.' In most of them are now to be found superintendents of good professional education, who have a character to lose, and who are labouring hard to wipe away the reproach which the misconduct of some, and the long-continued faultiness of the system generally, have affixed to the calling of all, so as to make the words mad-doctor and mad-house* grate harshly on the ears,

* Even Mr. Mantalini's uncomplimentary characterization of old Nickleby, the usurer, is made to derive point from the introduction of one of these phrases:

'Gad, Nickleby,' said Mr. Mantalini, 'what a demnable

and waft an unsavoury odour to the nostrils of mankind. In order to get an idea of the aspect which an ordinary middle-class establishment of the present day generally exhibits, the reader who has accompanied us to Hanwell may perhaps like to keep still at our elbow, while we proceed by omnibus, coach, or rail, in any direction he pleases, north, south, east, or west of his own place of abode. Arrived at our destination, which we will fix within a short and easy distance of the metropolis, we are sure to espy, whatever may be the point of the compass towards which our inclinations have conducted us, some large mansion, most likely brick-built, which has evidently been, in the days of the *Spectator*, the residence of a wealthy London merchant or banker, but which, after having been devoted probably to the service of ten or a dozen generations of school-boys or girls, has passed now into the hands of, say, a medical man, for the purpose of being converted into an asylum for the insane. Before the once smiling domain of Sir Andrew Freeport goes another peg down in the world, and is metamorphosed into a manufactory, or an off-shoot of the neighbouring union house—for ‘to that complexion’ it will most likely come—we will

fierce, old evil genius you are, flying all at once into such a blazing, ravaging, raging passion, as never was—demmit.’

‘Pshaw,’ rejoined Ralph, forcing a smile, ‘it is but manner.’

‘It’s a dem’d uncomfortable and Private Madhouse sort of manner,’ said Mr. Mantalini, picking up his cane.’

Nicholas Nickleby, chap. 34.

May we not hope that, ere long, this passage will require an explanatory comment?

take a peep into its interior. The porter, a civil-spoken sort of personage, who no doubt takes one of the party to be ‘the new gentleman that is expected,’ admits us through the garden-gate, which he does not forget to relock, and we enter and seek a conference with the doctor. It will be convenient that he should be out, but expected home in a quarter of an hour, as we shall thereby gain time to go round the house with the matron or housekeeper of the establishment, in order to inspect the accommodations. There is a comfortable-looking parlour occupied by three or four quiet, hazy sort of people, one of whom is sure to mistake the visitors for the two Mr. Somebodies whom he has seen somewhere before. Two guineas a week are mentioned as the equivalent for the entrée into this department. Another room is devoted to the use of eight or nine patients, who pay a guinea a-week; and others again are accommodated at a still lower rate—say, fifteen or sixteen shillings. Then the bed-rooms are exhibited, which are very much after the fashion of those of a lady’s boarding-school, with white dimity curtains, chintz hangings to the windows, and so forth. Then there is a garden and orchard, with a meadow or two attached, for the purposes of out-of-door exercise and recreation. And now having exchanged pinches of snuff with one of the gentlemen, and civil speeches with two or three of the ladies, we are informed of the doctor’s return, and are introduced into his presence. A few compliments pass on the comfortable appearance of his establishment, &c., and then we proceed to business. Now, we will suppose that the

poor, demented individual, on whose behalf we have undertaken to exert ourselves, is a retired Bank clerk, with a small annuity—or a half-pay officer, with a curate's allowance of children—and that having carved and cut his means to the best possible advantage, we find the sum of fifty-two pounds a-year to be all that can be mustered for his personal care and maintenance. This being stated to the doctor, it is proposed that he shall be received into the class paying fifteen shillings a-week, by which arrangement thirty-nine pounds per annum will be disbursed for his board, lodging, and medical attendance, and thirteen pounds left for clothes, and any little extra comforts which it may be desirable to procure for him. Then comes a question to which we have hitherto given no sort of consideration. The doctor inquires what sort of patient he is to expect in our friend, and we tell him, that though, while in his right senses, he was a person of quiet, inoffensive demeanour, of gentlemanly manners, and excellent disposition, he has become, since the accession of his complaint, the most intractable and unbearable of men; that he swears, fights, spoils, or destroys everything within his reach, and is in every respect completely what is called, in terms more expressive than refined, a 'very rough customer.' 'He has been (we add, perhaps) under every sort of treatment at his own home. He has had keepers, besides the attendance of his family, but it is impossible to go on with him any longer; the highest authorities have pronounced him to be completely incurable, and advise

that he should be removed away from the presence of his family, who are entirely worn out in their attempts to be of service to him. So it is most likely,' we add, bowing to the Æsculapius, 'that under your excellent treatment, which we have heard highly spoken of by such and such an one, he will remain, poor fellow, to the end of his days.' At these words, in spite of the lump of sugar infused into them, and the prospect they convey of a permanent boarder, it is not improbable that a change may be observed to come over the spirit of the doctor's dream, and that he will in effect, though in terms more polite than were used by the old German innkeepers in the time of Erasmus ('*Quære aliud hospitium*'), or by Meg Dods, when she liked not the appearance of a guest ('Troop aff wi' ye to another public'), give us an intimation that he cannot entertain either our pecuniary proposition or our patient. He may very possibly say something to this effect—'I am very sorry, gentlemen, that I shall be obliged, after giving you the trouble of coming out of your way, to decline taking charge of the invalid, whom you pay me the compliment of wishing to place under my care; but the fact is, I wish you to understand that I cannot make it answer my purpose to receive him, except on much higher terms than what you are enabled to offer. If he were a tolerably tractable person, or one likely to become so within a limited time, there would be no difficulty about the matter. A private house like this, may be, and is very well fitted for the abode of such quiet, inoffensive people as you have seen in it; and if by chance we have one that is at times

somewhat outrageous, we can manage, by a trifling amount of seclusion, to keep him apart from the rest till his paroxysm is over; but it is quite a different story with a regular chronic maniac, who, if disposed to be mischievous, can hardly be managed at a cheap rate, unless in a public institution, or in a private one of a somewhat inferior stamp to this. Having embarked my fortunes in carrying on my business, on the strict principles of non-restraint, I must not allow any of the old mechanical contrivances to reappear in my house, which cannot, without a very great additional outlay, be adapted to the reception of all comers in every state of recent maniacal fury, or chronic restlessness and turbulence. The expense of hiring one or two more servants, over and above what is a sufficient complement for the well-conducting of my house in its present state, would eat up more than triple the profit to be derived from the proposed yearly stipend of thirty-nine pounds, by my acceptance of which, I should be, as you see, considerably out of pocket.' Here the doctor, like Dominie Samson, 'reposes his oracular jaws,' and his visitors break up the conference somewhat malcontent and out of countenance at the result of it.

It may be gathered from the foregoing familiar illustration, and from what we have previously said on the subject, that while lunatics, in the *richer* and *poorer* grades of society, whatever may be their state of madness or imbecility, can derive the full advantages of all the improved methods of treatment which modern times have brought to light, there is a certain class of people who, unless their cases are favourable,

are debarred at present from partaking in these advantages to the full extent that is desirable. There is, in fact, a very great want of some good middle-class establishments, founded somewhat on the principles of the Quaker's 'Retreat,' where, for a very moderate charge, patients may be received and placed on a footing corresponding with the social position occupied by them when at large, and which is still maintained by their families, friends, and connexions. Until some such thing is set on foot, there will always be, in the branch of physic to which lunacy belongs, the anomaly which is positively denied to exist in any branch of the law, one rule, namely, for the gentleman, and another for the poor man ; only, as in the case of those whom we visited at Hanwell, the poor man, for once in a way, will have decidedly the best of it. A plan was proposed some time ago—we think by Dr. Conolly—of a benevolent institution for the insane of the middle classes, but it seems to have fallen to the ground. Yet such an institution would be one of the greatest boons which could be conferred on the community. What drag can be so heavy on a family which can just make a decent appearance through the exertions of its leading member and principal support as his incompetence to continue those exertions through an attack of derangement ? Should he happily die, the friends and relatives can often make shift to provide, by hook or by crook, for the widow and children. The latter, after a time, get useful, grow up, and look out for themselves ; but the continued maintenance of the father in a private asylum is frequently a burden too

heavy to be borne, and there is no course open but that of consigning him to the parish, to be rated and dealt with as a pauper lunatic. This state of things unfortunately is by no means sufficiently provided against by any of the existing public institutions, of which we now proceed to speak. First in importance is the Royal Hospital of Bethlehem, an account of the origin of which is given in Chapter XI. The affairs of this magnificent institution are administered by a board of governors, of which the present chairman is Sir Peter Laurie. The visiting physicians are Dr. Monro and Sir Alexander Morison. The consulting surgeon, Mr. Lawrence. The revenues derived from the rents of land and houses, and from money invested in the funds, amount to more than 15,000*l.* per annum. The patients are of three distinct classes—the curables, of whom there are under treatment about 200; the incurables, numbering about eighty; and a class of patients, entitled criminal lunatics—persons, namely, who have been tried for some offence against the laws, and acquitted on the ground of insanity. These latter, in number about 100, occupy a portion of the building quite distinct from any of the others, and are maintained at the expense of the government. The names of Margaret Nicholson and Hatfield,* who attempted the

* Rumour, we know not how truly, assigns the following bon-mot to George III. It having been mentioned that the person who first happened to seize Hatfield, after he had fired his pistol at the king, was the plumber of the royal household, the king said—‘Ay, ay, ay, he is anxious, no doubt, that no one shall serve me with lead—but himself.’

life of George III., and of M'Naughten and Oxford, who are still denizens of this department, are in the recollection of most people. The admission of a patient to the benefits of the first-named department is a matter of no difficulty, provided certain simple and easy conditions are fulfilled, which are stated in a paper easily procurable at the hospital, or from either of the physicians. If after remaining twelve-months under treatment, he exhibits no symptoms which make it probable that he will ultimately recover, he is discharged to the custody of his friends, and his name entered, if required, on what is called the 'incurable list' of the establishment—that is to say, he will become eligible to be placed as a boarder in the department of incurables, at a certain small weekly rate of payment, as soon as a vacancy shall occur. Some years ago, a gentleman named Barkham left large estates in Lincolnshire, purposely for the support of this department of the Bethlehem charity, which, however, is unfortunately so full that a candidate has often to wait some years before his turn arrives to become a partaker in its benefits. The same observations, regarding the admission of patients on the curable and incurable lists, apply to the management of the great hospital of St. Luke, in point of size and importance ranking next to Bethlehem, among the metropolitan charities founded for the relief of the insane. This institution, situated in Old-street, City-road, was opened in 1751. It has an income of about 8,000*l.* a-year, derived principally from donations and legacies invested in the public funds. The visiting physicians are, Dr. A. J. Suther-

land and Dr. Philp. The consulting surgeon, Mr. Luke.

The only other charitable establishment of the sort in London is the Lunatic House, which forms a distinct portion of Guy's Hospital. The founder made provision, by his will, for the maintenance of twenty patients, and accommodation for four more has been subsequently provided from other sources. We believe that there is no other addition to be made to this enumeration of the eleemosynary aids which the metropolis of England affords for the relief of the indigent insane. Though these aids have been dealt out with no niggard hand, they are still far from meeting the wants of the community in one important particular, *videlicet*, the maintenance of those who are either discharged incurable, or who cannot be received at all for the same disqualifying reason. At Bethlehem and St. Luke's, no epileptic or paralytic subjects are admitted in the first instance, for the purpose of undergoing treatment for their mental disease, the complication of which, with either of the other two complaints, is considered too great a bar to any hope of their permanent amendment. It is a curious circumstance, that in the provinces, though charitable institutions abound for the relief or prevention of every other kind of disorder, moral, physical, and social, though there are alms-houses for the aged, schools for the ignorant, infirmaries for the sick and lame, penitentiaries for the wicked, houses of industry for the idle, and of refuge for the destitute—though the finger-ends of the blind are taught to perform the function of eye-sight, and those of the dumb endowed

with the faculty of discourse—though there are colleges orthodoxical, and dispensaries orthopædical, there are very few places of shelter of which penury can avail itself, when accompanied by an affliction which many regard with still greater horror than all the others put together. We do not say that there are none, but that the existing number bears no proportion to those which are destined exclusively to other purposes. The most celebrated exception, to what is a somewhat unaccountable rule, is the hospital of St. Patrick, in Dublin, founded by Dean Swift, and endowed with the bulk of his fortune. Edinburgh also, and a few other large cities, have hospitals for the insane, supported by voluntary contributions. In England, of late years, a plan has been set on foot of combining, under one roof, with the county asylums, where pauper lunatics are received, accommodations for private patients, who are classed in separate departments, according to the amount of weekly stipend which is paid on their account, the profit derived from which goes in aid of the general funds of the establishment. In the year 1847, as many as 239 were thus boarded in the several county asylums of Chester, Cornwall, Gloucester, Leicester, Nottingham, Stafford, and Suffolk. These establishments, however, do not receive patients, either gratis or at a rate sufficiently low to bring the benefit they confer within the reach of many who would gladly avail themselves of it. Thus it appears that there is a large mass of the lunatic population, which must either be permanently maintained in private houses at a cost that, even at the lowest, is too numerous

respectable people a very grievous burden, or become inmates of the county pauper asylums, where they are supported at the expense of their respective parishes—extremely well, it is granted, but still at the parish expense—a circumstance so entirely damaging to wholesome and honourable pride, that its baneful effects are often more prejudicial to the family of the patient than any of the mere physical privations which are connected with it. There is every reason to believe that the latter alternative will soon be more than ever resorted to, unless some plan is hit off for abating the evil, which is both serious, extensive, and self-multiplying. But what is the difference, it may be asked, between a madman in a charitable institution and one in a county asylum? It is this: the one is simply a poor man, a poor gentleman very likely, but the other, whether gentle or simple, is emphatically A PAUPER, and his name must so stand blazoned in the *parish* books, and be called over by Bumble the *parish* beadle, when he is visited quarterly by the *parish* doctor. The cost of his maintenance helps to swell the *parish* accounts, and is grumbled at by the *parish* overseers; but to little purpose, for his friends are unable to take him off their hands, until the close of the

Last scene of all,
Which ends this sad ‘parochial’ history,

when they club together their slender means, just to prevent the final disgrace of his being buried in a *parish* coffin. All this has a tendency to humble and keep at a low and mean standard the honest pride of a family, which, in a country like this, is more apt to

sink depressed beneath 'the spiritless acquiescence of servile poverty,' than to be puffed up and led to forget itself even by 'the sturdy credulity of pampered wealth.'

Our reasons for dreading a great increase of pauper lunatics of this stamp is the fact that the only places which can be found to give shelter to insane people, for whose maintenance such sums as nine or ten shillings a week only can be mustered, are those large private establishments where pauper lunatics are farmed at about the same rate, and where the arrangements are on a scale as suitable as can be expected. In the course of two or three years, these places will be entirely emptied of their pauper occupants, who will be transferred *en masse* to the numerous county asylums, which are now everywhere in progress of erection. The proprietors will then have only their private patients of the *higher class* to depend upon; the pauper department, and with it the *cheap* private department, will be broken up, as they can never be made to answer unless under one management, and through the medium of numbers, the gain made from the quiet patients compensating for the loss incurred through the destructives, and those whose imbecility and helplessness require a great deal of looking after. Thus, a number of such individuals will be thrown upon the world, and, as the world is in no condition to entertain them, they will be thrown upon the parish, a consummation that it would, for the reasons above stated, be most desirable to avoid, not so much for their own sakes as for that of their families. This is a subject which should

be thought of in time. The non-restraint system, in spite of its costliness, will maintain its ground in the spirit,* if not in the letter, and unless Charity steps forward in aid of its operations, it will be seen that our prophecies with regard to the inconvenience resulting from its only defect, will ere long be realized, if, indeed, to some considerable extent, they have not been so already. But we will not despair. Our countrymen, to be sure, are disappointed when they are told, while rejoicing at some recent discovery, that there is somewhat more to pay for it than they had reckoned on. Nevertheless, the public feeling and the public press, which have been so instrumental in bringing about the death and burial of the old system, will hardly shrink back, if called upon to give a healthy and lasting vitality to the new one. If Lord Ashley, who has done so much for lunacy already, and is thoroughly and practically acquainted with its difficulties, would take the matter in hand, we should soon see arise an institution which would not only improve the social condition of the maniac himself, but materially contribute to the maintenance of his friends and family in a cheerful attitude of independence and self-respect.†

* It is imputed as a fault to the managing committees, and medical authorities, in some excellent public establishments, conducted on the Hanwell model, that coercion (if it can be so called) is permitted under the very modified form exhibited in such entries as the following, extracted from the Restraint Register of the Surrey County Asylum, 1849:—‘Fastened to the back of her chair by means of a soft belt round her waist, to prevent her falling out,’ &c. &c. This surely is pedantic and hypercritical.

† Nothing has been said of the *direct* saving of parish money

CHAPTER XVI.

The general literature of lunacy—Lunacy of the dramatic writers—Of the novelists—Nathaniel Lee's remark—Illustrations from Scott's novels—The *Anatomy of Melancholy* by Robert Burton—His personal character—Charles Lamb—Dr. Johnson—Their melancholy—Comfort for hypochondriacs.

OF all the disorders affecting the human frame, the only one which seems to have been wrested from the exclusive handling of the physician, and to have become the literary property of every penman alike, is the disorder of madness.

No writer, whether metaphysician, lawyer, romancer, or poet, considers himself as travelling out of his province, when dealing in some way or other with the phenomena which it exhibits, whether his object is to inform and convince us by the force, or overreach us by the subtlety of his argument, or to stir up the passions of our nature, and make us feel with acuteness what, after all, we acknowledge ourselves incompetent to understand. In fact, if a man

in such cases. Hundreds of poor workmen, even, may be found who will stint themselves willingly to furnish two, three, or four shillings a week for the maintenance of a wife or child in a semi-charitable establishment, who, nevertheless, cannot be compelled to pay a farthing towards their support in the pauper county asylum. The feeling is that, do what they will, the stigma of *pauperism* is not wiped off thereby, and that, therefore, if the parish pays *part*, it may as well pay *all*.

were to plunge headlong into that vast expanse of waters, by which alone can be typified the whole literature of lunacy, he would soon find himself, we will not say out of his depth, for that would be measuring his height by our own, but so far from the sight of land, that there would appear little chance of his ever seeing it again, in the course of a most prolonged existence. The student who, with infinite labour, has acquainted himself with the speculations of all the philosophers and jurists since the apocryphal age of Hermes Trismegistus, finds, when he has mastered them all, that his work is just about to commence. The dramatist steps forward and claims his attention while he portrays the fury of Orestes, the touching sorrows of Lear, or the mirth-provoking rhapsodies of Tilburina and her confidante. No sooner has the stage been cleared of these substantive beings of intellectual creation, and of the thousands of 'unreal mockeries' which ape them, than the scene of his labour is shifted to the circulating library, into which the tomes of the novelist and the rhymers are poured with an abundance which almost defies arithmetic to compute their number, or criticism to analyse their contents. Though many of these volumes exhibit traits of disordered fancy, depicted with truthfulness and shaded with delicacy, no one author who has tried, since the days of those 'deacons of their craft,' Shakspeare and Cervantes, to concentrate the chief interest of his work on the character of a madman, has ever succeeded in elaborating that work into a masterpiece.

The human mind, even in its most distracted state,

is still, as Charles Lamb designates that of Lear, a mighty leviathan, into whose jaws none but a genius of the first order is permitted to put his hook and his bridle, that he may bestride it at pleasure, as Warton bestrode the crocodile on the banks of the Essiquibo river.

Authors who, like the emulous understrapper, desired by Mr. Manager Puff* to 'keep her madness in the background,' have ventured to bring their illustrations of mental aberration too prominently forward, have succeeded only in making manifest the aptness of Nathaniel Lee's very pertinent remark on this subject. This dramatic writer was, during four years, an inmate of Bethlehem Hospital, where he was confined at the expense of the Duke of York, afterwards King James the Second. 'I remember,' says Dryden, writing to Dennis, 'poor Nathan Lee, who was then on the verge of madness, yet made a sober and witty answer to a bad poet, who told him 'it was an easy thing to write like a madman.' 'No,' said he, 'it is very difficult to write like a madman; but it is a very easy matter to write like a fool.' Even Sir Walter Scott breaks down in his attempt to make a 'fine frenzy' pervade the character, language, and actions of an individual through three entire volumes. His 'Norna of the Fitful Head' is, as Jack Bunce preconceives of her from the description of Captain Cleveland, a sad 'mumping old magician,' whose mystical hallucinations are tiresome to the last degree; and we confess ourselves heretical enough to

* *The Critic*, Act iii. Scene 1.

think that Allan Macaulay would deserve to be placed in pretty nearly the same category, were it not for his instrumentality as a foil in showing to advantage the inimitable humours of Dalgetty, who might well be puzzled with his character, and perplexed as to the propriety of considering him ‘non compos mentis,’ and incapable, therefore, of ‘rendering honourable satisfaction’ for his ‘wayward and affronting behaviour.’

‘To come over the Englishman so cleverly with his Highland torch-bearers, (thus the worthy Captain discourses to Montrose,)—eight bare-breeched Rories for six silver candlesticks!—it was a master-piece,—a tour de passe,—it was perfect legerdemain,—and to be a MADMAN after all! I doubt greatly, my lord, (shaking his head,) that I must allow him, notwithstanding his relationship to your lordship, the privileges of a rational person, and either battoon him sufficiently to expiate the violence offered to my person, or else bring it to a matter of mortal arbitrement, as becometh an insulted cavalier.’—*A Legend of Montrose.*

Scott, however, though he has failed in making a lunatic the ‘*pièce de resistance*’ in any of those glorious feasts which he has spread for the delectation of our mental appetites, is éminently happy in some of the lighter touches which exhibit the operations of the mind, when it is just beginning to wander in that debateable land, where ‘matter and impertinency mixed’ are about to contend for the mastery. Witness, for example, the few words that drop from Balfour of Burley, when surprised by Morton in single combat with the demon whom his heated fancy has

conjured up; words marking a trait of lunacy, which is highly picturesque, and at the same time faithfully copied from its features, as they are seen depicted by Nature herself.

‘As soon as Burley became aware that Morton was before him in person, an idea which he caught with marvellous celerity, he at once exerted that master-ship over his heated and enthusiastic imagination, the power of enforcing which was a most striking part of his extraordinary character. He sunk his sword-point at once; and as he stole it composedly into his scabbard, he muttered something ‘of the damp and cold which sent an old soldier to his fencing exercise, to prevent his blood from chilling.’ This done, he proceeded in the cold determined manner which was peculiar to his ordinary discourse.’

This is an exceedingly good exemplification of that extreme cunning, and great power of self-control, which characterize many people, who are even in a much more advanced stage of derangement than the stern enthusiast, Burley, as depicted in the closing chapters of *Old Mortality*.

There is another instance of the same sort, which occurs in the *Heart of Midlothian*, in the scene where the town-clerk and Ratcliffe are trying to worm out of Madge Wildfire some information as to the whereabouts of her lover, who had disguised himself in her clothes, while directing the operations of the Porteous mob. Just as she is on the point of committing herself, and about to let out, in the eagerness of contradiction, all that she would most willingly conceal, a question put in too direct a shape throws her on her

guard, and awakens her to the propriety of being reserved upon those very topics on which Ratcliffe had indirectly seduced her to become communicative. 'Of all the madwomen who have sung and said since the days of Hamlet the Dane,' observes the novelist, 'if Ophelia be the most affecting, Madge Wildfire was the most provoking.'

We might, for the subject is a tempting one, pursue this discussion much further, and descant upon the characters of many of those 'distraught and frenzied people' who have, from time to time, been produced, like Minerva, without the aid of maternity, from the skulls of their respective sires. Sterne's Maria, Clara Mowbray, and that 'man of rags and litigation,' Poor Peter Peebles, would, among others, furnish abundant matter for dissertation and criticism, but we are reminded that we are trespassing upon ground to which the readers whom we more particularly address have the same opportunity of access as ourselves, and who can therefore avail themselves of better guides than we pretend to be, in forming an estimate of those moon-stricken impersonations with which fiction has deformed or beautified her pages. There is, however, an old writer who has entered largely into the subject of mental disturbance, on whose performance we may venture to bestow a few laudatory lines. As an author, he comes under no precise category which can be named. He is neither a medical writer, nor a lawyer, nor a theologian, nor a novelist, nor a metaphysician. He boasts himself to be a very Autolycus among book-makers, — a snapper up of every unconsidered trifle of learning

which other less diligent scholars and scribes are apt to pass by unheeded. It was this propensity which enabled him to put together one of the most amusing treatises that has ever issued from the English press, which bears, nevertheless, a title so unpromising, that, at first sight, one is disposed to turn from the volume which it designates with distaste and aversion. The title runs, somewhat lengthily, thus: — ‘The Anatomy of Melancholy. What it is, with all its kinds, causes, symptomes, prognosticks, severall cures of it. In three partitions, with their severall sections, members, and subsections, philosophically, medicinally, historically opened and cut up. By Democritus, junior. With a satyricall Preface, conducing to the following discourse.’

The name of the quaint old author who thus assumes that of the laughing philosopher of Abdera, is Robert Burton. He was a clergyman in Leicestershire, who passed his time principally among his books, in order to divert the feeling which forms the subject of his writings. In this scheme he must have been eminently successful, if his power of deriving pleasure from the works of others was at all commensurate with that which he confers on those who take an interest in the perusal of his own. His reading must have been very extensive, for a mere catalogue of the authors from whom he quotes would form a small volume in itself. A sample of their names, taken at random from a single page, will suffice to exhibit the various and recondite nature of his learning. Capivaccius, and Mercurialis, Ludovicus Vives, Hercules de Saxoniâ, Galen, Aetius, and Alto-

marus, Bruel, Montaltus, Avicenna, Arctæus, Gorgonius, and Guianerius, figure together with Albertus Bottonus, and are all cited to prove some single point in the course of his discussion; but he has such an odd way of stringing together his quotations, and brings forward such a strange medley of authorities in support or confutation of the different doctrines which he handles, that one is led on insensibly from page to page, without feeling a sense of fatigue, either from satiety, or from deficiency of interest. The ending of his work is as laconic as the beginning is prolix. In four Latin words—

Sperate miseri
Cavete felices,

we find embodied the concentrated essence of all practical philosophy, and our object throughout this work being to impress upon our readers the wisdom of a firm reliance on hope, and a due observance of caution, we have adopted them as a fitting motto wherewith to grace the foot of our title-page.

We are induced to dwell a little on the subject of this pleasant old author's writings, because his work, though well enough known to many, is unknown, except by name, to many more. He cannot be called popular, in that common and every-day sense of the term, which implies that he may be met with on a drawing-room table, and he is interdicted in many circles where a novel is considered admissible; or rather it frequently does not enter the heads of the rulers of families to consider the propriety of letting him have the range of the house at all. By some who just peep into him, he is voted dry; by others,

who look further, he is declared to be somewhat too plain-spoken. In truth, his work sufficiently abounds in particulars of a medical nature to secure its being debarred from circles where his sense, humour, and pleasantry would be appreciated; so that any one who could, by the aid of a little judicious pruning, introduce him to a new class of readers, would be conferring a signal benefit on the public. But there would be reason, independently of the connexion of his writings with our subject, for our making particular mention of old Robert Burton himself. He was a man constitutionally hypochondriacal, and at times so affected by his malady that, feeling unable to keep his attention fixed on his studies, he would go down to the river-side, and amuse himself with listening to the rude jokes and boisterous conversation of the Oxford bargemen, merely for relaxation. Yet this man left to posterity a work of such enduring merit, that, after the lapse of two hundred and twenty-eight years, it is still considered a standard book, well deserving the following encomium passed on it by Archbishop Herring, who says, in his letters, — ‘Burton upon *Melancholy* is an author the pleasantest, the most learned, and most full of sterling sense. The wits of Queen Anne’s reign, and the beginning of George the First’s, were not a little beholden to him.’

Again, Dr. Johnson says,—‘Burton’s *Anatomy of Melancholy* is a valuable work. It is, perhaps, overloaded with quotation; but there is great spirit and great power in what Burton says, when he writes from himself.—*Boswell’s Life of Johnson*.

The author of the *Rambler* declared, on another occasion, that this 'was the only book that ever took him out of bed two hours sooner than he wished to rise.' We make particular mention of this as a ground of encouragement for those who, being occasionally subject to fits of low spirits, are apt to be nervous about the safety of their intellects, and fearing lest their disorder should assume a permanent aspect, give way to a melancholy despondency, from which it is no easy matter to rouse them. To reason with any one *while in* this state, to expatiate on the folly of anticipating evil, and the inutility of thinking 'so brain-sickly of things,' is, for the most part, entirely useless. The disorder will sometimes yield to medical treatment, *very frequently to time*, but very rarely, if ever, to argument or persuasion; yet we have reason to think that there are many occasions, during the progress of these attacks, in which the knowledge which a man *has himself previously imbibed* will recur to him, *malgré lui*, and bring gleams of comfort to light him through the fog of 'thickening horror' which hovers around his imagination, and threatens to obscure the understanding itself. It would be easy to say, what indeed is the case, that we know plenty of instances of this sort of hypochondriasis leaving those who have, for a time, succumbed to its evil influence, perfectly free, both in their intellects and their spirits; but such general statements, advanced, too, anonymously, are not likely to make the same abiding impression on a reader, as examples taken from the well-authenticated records of well-known individuals, whose cases are a sort of public

property, laid open to the inspection of all. For this reason, having instanced Burton, we shall follow up the subject by referring to the curious and interesting particulars concerning his constant admirer and eulogist, Charles Lamb, recently published by Mr. Sergeant (now Judge) Talfourd.

Here is the case of an individual who, at one time, really was *entirely* 'out of his stirrups,' as the Spaniards phrase it, so much so as to make a short confinement necessary for his recovery; and yet he lived to be the mainstay and support of his own helpless family, the most cherished member of a large circle of private and literary friends, and the delight of all who can relish the union of deep feeling with the raciest humour that ever made a pen dance like a bacchanal over a sheet of foolscap. Then, again, there is Dr. Johnson, who, with all his occasional fits of gloom and despondency, retained the vigour of his understanding to the close of a long and honoured life, and showed himself at last, in spite of years of melancholy foreboding, among those who are well prepared for their end, and are enabled to

Count death kind Nature's signal for retreat,
without either cowardly repining or ostentatious bravado.

These are the examples which should be borne in mind by him who is occasionally troubled with 'thick coming fancies, that keep him from his rest,' and we have brought them together with a view of impressing strongly on such an one, while his judgment is yet more than a match for his imagination,

the confident, because well-grounded belief, that though he may from time to time relapse into this state of *mal-aise* and mental depression, there is no reason 'for his thinking that it will necessarily become permanent. Thus will he be enabled to carry about him the means of obtaining that object which he has been pronounced, on the authority of Shakespeare, to be alone competent to secure.

Though we are discouraged by that great authority from the *direct* attempt to 'minister to a mind diseased,' we may yet surely hint that a little timely foreknowledge may, *and frequently does*, enable the sufferer from melancholy, when the dark fit is on, the more readily to 'minister to himself;' just as in the case of him whom accident has plunged into the waves, who will not unfrequently do better to trust to what little he has previously acquired of the useful art of swimming, than to any assistance he is likely to get from those who survey his efforts from the shore. The *inward conviction of curability* of which a man has *previously* possessed himself, has been declared by many to have served them materially in the hour of their distress, while there is scarcely a medical man who is not familiar with the disheartened look of incredulity with which *his* oft-repeated tale of consolation is received by the patient suffering from the presence of that loathed monster, who is indeed well said to be 'of Cerberus, and blackest midnight born.'

It is probable that the hints here given may by some be looked upon as samples of vague ideology suggestive of no practical result. We think, how-

ever, that few professionally conversant with the form of disease under consideration, will be found to hold the same opinion, but rather given to encourage, in such as are constitutionally liable to it, a disposition to learn all that can be told of its symptoms and progress.

CHAPTER XVII.

Connexion of lunacy with general medical practice—Reason why the knowledge of it has not, till of late years, gained ground—Anecdote—Early application for medical relief again recommended—Conclusion.

WE have in the foregoing chapters endeavoured to lay before the reader a clear and simple outline of the subject of mental derangement, as far as we can trace it in a work of such prescribed nature and limits as this, and without engaging in the subtleties of metaphysical disquisition, or trenching on the province of the purely medical writer. A few words, however, in conclusion, on the views to be taken of madness in connexion with medical practice, will not, we hope, be deemed misplaced.

One of the circumstances that has hitherto retarded the progress of our knowledge of the subject of lunacy, has been, undoubtedly, the disposition to treat it too much in the light of a speciality—that is, to hand it over to a particular set of medical men, for the purpose of investigation and treatment. This practice has, till of late years, obtained very much with regard to most of the other disorders to which we are liable, and is one which has led to the entertainment, even among the professional body, of very narrow-minded views of the real nature of disease. The faculty, however, has been gradually emancipating itself from this reproach, though, with the public, there still remains a strong belief that a man

cannot, by any possibility, have a thorough knowledge of more than one organ of the human body, and that if he has made any special observations, or published any novel views upon some one in particular, it has been to the entire exclusion of all others from his consideration. Thus it is, as one of our London physicians took occasion recently to remark in his lecture, that a man's practice often becomes limited to cases of a particular kind, the public, in this instance, reversing the acknowledged rule, and regarding the prophet as without honour, *save* in his own country.

The following amusing example of this current belief is taken from the discourse* referred to. 'A woman brought to me at the hospital (says the narrator) a strumous child, whom I immediately perceived to be suffering from ophthalmia. I was about to direct my attention to the eyes, when I was stopped by the mother, who informed me that it was not for that purpose that she had consulted me, as 'his eyes were under Mr. A——.' Turning, therefore, my attention from the forbidden ground, I was about to examine the child's limbs, when I was again interrupted by the vigilant mother: 'His limbs, sir, are under Mr. P——.' 'Why, then,' I inquired, 'have you brought him to me?' 'For his stomach, sir,—his stomach,' was the reply.

The lecturer goes on to comment on the disad-

* *On Some of the Circumstances which have retarded the Progress of Medicine: an Introductory Lecture delivered at King's College, London.* By ARTHUR FARRE, M.D., Professor of Midwifery at King's College, &c. &c.

vantage of thus mapping out organs and parts of the body, and assigning their care to different hands,—an eye to one, a limb to another, an ear to the third, and so forth—‘a plan,’ he says, ‘which has practically this unfavourable result, that it leads to the too exclusive consideration of the diseases of these particular structures, as things apart from the rest of the body, and not as essential portions of the whole. We cannot,’ he continues, ‘separate the parts of the body as we do the objects of natural history, and regard them either in their pathology or treatment in an isolated form. ‘The eye cannot say unto the hand, I have no need of thee,’ any more than the brain or the heart, for example, can be viewed as independent of the stomach.’

If medical study and practice are thus shown to be making steady progress in the right direction, it is desirable that popular opinion should be instigated to keep pace with them; for while the general belief continues to exist among the multitude, that none but a mad doctor can be of any service to a madman, such an *early* application to an ordinary practitioner as might be attended with the most happy results is of course deemed useless, and the golden opportunity of having the disease attended to in its *incipient* stages, is let to pass by, because there happens to be no one who keeps a lunatic house within fifty miles of the patient’s residence.

We do not intend it to be inferred, from any of the foregoing observations, that the brain is not the organ which ultimately becomes the seat of fixed disease in confirmed cases of lunacy, though it might

not have been so originally, or that a well-regulated lunatic asylum is not the very best place (simply considered) for a person whose reason is in danger of overthrow. Our object is to show the necessity of having the disease attacked before it has produced those physical changes in the structure of that mysterious organ, which paralyse the hand of the physician, and render his interference unprofitable; and, moreover, to prevent, if possible, the necessity of resorting to a measure which, in the existing state of general opinion, has some counterbalancing disadvantages.

It is impossible to ring the changes on this all-important topic too long or too loudly; neither can the public be too often reminded of the fact, that while, on the one hand, the practitioner in lunacy is required to have a knowledge of medicine generally, on the other, the general practitioner is qualified by his education to advise and prescribe in cases of lunacy, and that neither the one nor the other is endowed with power to act beneficially on those intellects, 'whose use' (humiliating as it may seem) 'depends so much upon the gastric juice,' unless the opportunity is given to him of seeing the earliest manifestations which indicate the approach of maniacal disorder.

Furthermore, it must always be borne in mind, that though a person labouring under any ordinary bodily ailment, and neglecting to seek timely advice, has only himself to blame for his folly and *lachesse*; it is with *others* that the *onus* must lie of suffering to proceed unchecked a disorder, one characteristic of

which is, that it prevents the patient himself from applying for assistance, and incapacitates him from following the regimen, or submitting to the discipline, which is likely to facilitate recovery. Thus it is that upon the relatives of persons in whom has arisen a suspicion of the existence of incipient insanity, there is thrown, and sometimes very suddenly, a heavy and distressing responsibility. They know not which way to turn, nor what plan it would be the best to adopt, to escape the various perplexities which beset them on every side.

We could wish, instead of contenting ourselves with *hints*, to have made this volume answer all the purposes of a complete hand-book of the principal emergencies of this sort which are most commonly apt to occur, with practical instructions for the best modes of meeting them, as well as for the management of chronic cases, according to the varieties which they respectively present. Such a manual might, we think, be made the vehicle of conveying some very useful advice to many an individual of either sex, who may have become involved in the grievous difficulty of having to provide for the safety, both mental and personal, of a father, mother, sister, brother, son, daughter, or other relative or connexion, on whose account it is incumbent to interfere, and to assume responsibility and management. A work of the sort could not, however, be well embodied herewith, as it would require, in order to be rendered in every respect complete, the admission of details, which it is our object herein to make a special point of avoiding; and we shall, therefore, content ourselves with recur-

ring briefly to some of the suggestions of a practical nature, which may be found scattered through the foregoing pages—remarks which, though too desultory and superficial to be of any advantage to the professed student, may not be unacceptable to the general reader.

‘Should it occur to you (we would say) to be suspicious regarding the state of mind of a relative, friend, or dependent, have recourse, without a moment’s delay, to your ordinary medical attendant. Let no time be lost in ascertaining whether there are any concomitant symptoms of disordered general health. Should this be found to be the case, use your most strenuous endeavours to have the invalid put under such a course of treatment as is judged conducive to his *bodily* restoration.’ (See Chapter IV.) Think more of *that*, and less of the state of his mind. The chances are strongly in favour of the latter depending immediately upon your success or failure in bringing about a healthy condition of the body; while, on the contrary, you may as well endeavour ‘to poultice the hump off a camel’s back,’ as to persuade a man to be tranquil in his behaviour, and composed in his mind, who has a loaded tongue, sleepless nights, a faulty circulation, and exhibits other indications of corporeal disturbance.

But this interference will, perhaps, be resisted. Very probably; yet resistance is often to be overcome by a little quiet tact on the part of a judicious medical practitioner.* Failing this, let no false deli-

* See Conolly’s *Inquiry concerning the Indications of Insanity*, a work which will be found on perusal as interesting to the general reader as it is important to the student.

cacy or mistimed delay interfere with the all-important object of saving, in spite of himself, the patient's health and reputation; but if it be in any way practicable, let submission at once be *enforced* without any scruples, save what relate to the possible endamagement of his social condition. A *threat*, plainly and peremptorily intimated to him, of being placed under keepers, or sent to an asylum, will perhaps be all that is necessary, and will do away altogether with the necessity of resorting to either of these disagreeable alternatives. Should, however, the adoption of the first of them be unavoidable, let the persons placed in charge of the invalid be *themselves* closely and carefully watched, and let it be thoroughly understood, on their first entering the house, that they are, for the time being, more amenable to the authorities therein, than to their own immediate employer. (See Chapter VI.)

Where the patient is a female, a sensible, trusty nurse, who is not a professed mad-nurse, and who can be recommended for decision of character, as well as good temper and discretion, will often suffice extremely well. A nervous, undecided person is always worse than useless; the service of a rough, cross-grained creature is equally to be eschewed. Indeed, what Dekker says, apostrophizing one suffering from the plague, is equally applicable to one labouring under mental alienation, and to all who are interested in his recovery. 'Thou must betake thee to thy pillow, and pray heartily that Heaven send thee an honest, careful, conscionable, and good keeper.' (*English Villanies.*)

In some cases, a respectable middle-aged woman, accustomed to sick-nursing, will be found quite competent to bring a male patient through an attack of insanity, and thus the necessity of employing a regular keeper at all will be happily got rid of. A man submits often to the half-despotic cajolery of such a functionary, when he would resent indignantly the interference of an interloper of the other sex, whose appearance on the scene moreover can never be satisfactorily accounted for, while it is easy to invent excuses for the introduction of the other, and to let her be ostensibly occupied in the kitchen, nursery, or any other department of the household. In this way matters may sometimes be very quietly managed, and a recovery insensibly brought about without any very great annoyance either to the patient, or to any body concerned. It is a different matter altogether when the state of affairs has been regularly bruited about, when a person has been for some time suffered to make a public exhibition of the real condition of his mind, when his family are being daily and hourly harassed and vexed, as people only *can* be harassed and vexed whose peace and quietness are at the mercy of a lunatic—then the question is, whether it is better that he should be transferred to a proper asylum for the insane, or whether his own home should be turned into a mad-house, and one forsooth which is, in nine cases out of ten, extremely ill conducted and disorderly. There is no doubt that, unless he can be kept quiet without much coercion, he ought, for his own sake, to say nothing of that of his family, to be removed. Should he return home convalescent,

all the little details of his illness are unknown, and he is not annoyed by the consciousness of having exhibited recent absurdity of conduct in the presence of those with whom he is again in communication and contact. Too great a precipitancy in the adoption of this measure should, however, be heedfully avoided; and in the case of dependents and domestics particularly, it should never be forgotten by the affluent, that by the endurance of a few day's temporary inconvenience, and at an expense not worth consideration, they may have the opportunity of saving from total ruin a deserving individual, whom his more humble friends (could they tell how to set about it) would be only too glad to rescue, though at the cost of what small tradesmen, operatives, and the like, have ordinarily little enough to spare—namely, time, money, and labour. We are induced to dwell on this topic at the perilous risk of being thought too tedious and prolix; but let the reader, for an instant, imagine himself in the position of a person who has had a very transient fit of mania, and who, on applying for a situation, is obliged to confess the damning truth that in the course of his life he has been mated among the denizens of an asylum for the insane, and he will readily forgive the infliction of a longer, and perhaps duller, discourse, should it be suggestive of a method whereby such a calamity may be warded off from a fellow creature. The remarks in Chapter VII. will, we hope, be found of some use in the solution of a difficulty of this sort. A few days' sojourn under medical treatment, and the surveillance of a keeper or nurse, in a back garret, or any remote

apartment, may put the patient in such a condition as to enable him at once to resume his duties, or at any rate to go and complete his convalescence under the care of his family and friends. Thus will be avoided, what to a person in the condition of a servant is the heaviest blow that can possibly be inflicted—the utter inability to procure employment, simply because his ‘*last place!*’ was in the wards of Bedlam, or St. Luke’s, to one of which institutions he must necessarily refer for a character and recommendation. It is to be hoped that the gradual spread of knowledge on the subject of insanity will cause its effects (which are not *invariably* so disabling as is supposed) to be more thoroughly understood and appreciated by the public at large, in whose estimation a man’s permanent incapacity is a settled thing, if once he has crossed the threshold of a mad-house. This is one of the prejudices which we hope to see dispelled by that familiarity with the disease which we wish to see more generally cultivated, and which can only result from the public being incited and encouraged to visit those institutions where its peculiarities and varieties may best be noted and observed, and to consult more frequently than is customary at present, the works of authors who have signalized themselves in the elucidation of its symptoms and progress, and who have conferred inestimable benefits on mankind by their marked improvements in the method of its treatment and cure.

And here the closely filled pages of manuscript warn the author that it is time to bring his labours to a close. Should it ever be his fortune to hear that

his little work has had any share in enhancing in public estimation the means by which one of the most frightful of human calamities may be alleviated, he will consider himself amply repaid for the pains he has taken in its compilation. Should it, on the other hand, remain unnoticed and unread, he will endeavour to feel consoled by the reflection, that most probably writers better qualified than himself to command attention will take up the subject where his ephemeral notice has left it, and make, at the same time that they are advocating the cause of humanity, some substantial additions to the existing treasures of literature.

THE END.

LONDON :
SAVILL AND EDWARDS, PRINTERS,
CHANDOS-STREET.

NEW BOOKS AND NEW EDITIONS,

PUBLISHED BY

JOHN W. PARKER, WEST STRAND.

The Architecture of the Heavens. By J.

P. NICHOL, LL.D., Professor of Practical Astronomy in the University of Glasgow. A New Edition, in Royal Octavo. Price 21s. Splendidly illustrated with large Plates of Clusters and Nebulæ recently discovered by means of the great Telescope of Lord ROSSE, and Symbolical Sketches by the late DAVID SCOTT, Esq.

Whewell's History of the Inductive Sciences.

By WILLIAM WHEWELL, D.D., Master of Trinity College, Cambridge. New Edition, Revised and Continued. Three Volumes, Octavo, 2*l.* 2*s.*

Whewell's Philosophy of the Inductive

Sciences, founded upon their History. New Edition, Revised. Two Volumes, Octavo, 30*s.*

Whewell's Elements of Morality, including

Polity. Second Edition, reduced in size and price. Two Volumes, 15*s.*

Whewell's Lectures on Systematic Morality,

delivered before the University of Cambridge. 7*s.* 6*d.*

Principles of Political Economy, with some

of their Applications to Social Philosophy. By JOHN STUART MILL. Second Edition, revised. Two Volumes. Octavo, 30*s.*

Mill's Essays on some Unsettled Questions

of Political Economy. Octavo, 6*s.* 6*d.*

Mill's System of Logic, Ratiocinative and

Inductive. Second Edition. Two Volumes, Octavo, 30*s.*

New Books and New Editions,

Introductory Lectures on Political Economy.

By RICHARD WHATELY, D.D., Archbishop of Dublin. Third Edition, Enlarged. Octavo, 8s.

Whately's Elements of Logic. Ninth (8vo)

Edition, 10s. 6d.

Whately's Elements of Rhetoric. Seventh

Edition, 10s. 6d.

On the Influence of Authority in Matters of

Opinion. By G. CORNEWALL LEWIS, Esq., M.P. Octavo. 10s. 6d.

Elements of Meteorology. By the late Pro-

fessor DANIELL, D.C.L., For. Sec. R.S. Two Volumes, Octavo, with Plates and coloured Charts. 32s.

Daniell's Introduction to the Study of

Chemical Philosophy. With numerous Illustrations. Second Edition, much Enlarged, 21s.

A Manual of Chemistry. By W. T. BRANDE,

F.R.S., Professor of Chemistry at the Royal Institution. SIXTH EDITION, greatly Enlarged, and Embracing all New Facts of the Science. Two large and closely-printed Volumes. 45s.

Vol. I. contains History of Chemical Philosophy—The Powers of Matter and the Non-Metallic Elements—Chemistry of the Metals.

Vol. II. Organic Chemistry—Appendix of Weights and Measures—and a complete Index, giving more than 11,000 references.

Brande's Dictionary of Materia Medica and Pharmacy. Octavo. 15s.

Brande's Tables of Chemical Equivalents,

Weights, Measures, &c. On four large sheets, 3s. 6d.

Published by John W. Parker, West Strand.

History of the Royal Society. Compiled from Original Authentic Documents. By C. R. WELD, Barrister-at-law; Assistant Secretary to the Royal Society. Two Volumes, Octavo. 30s.

A Cycle of Celestial Objects. By Captain W. H. SMYTH, R.N., K.S.F., D.C.L., F.R.S., President of the Astronomical Society. Two Volumes, Octavo, with numerous Illustrations. 2l. 2s.

Lectures on the Principles and Practice of Physic; delivered at King's College, London. By T. WATSON, M.D., Fellow of the Royal College of Physicians. Two Volumes. Octavo. Third Edition, revised. 34s.

Lectures on Dental Physiology and Surgery, delivered at the Middlesex Hospital Medical School. By JOHN TOMES, Surgeon-Dentist to the Middlesex Hospital. Octavo, with upwards of One Hundred Illustrations, 12s.

Physiological Anatomy and Physiology of Man. By R. B. TODD, M.D., F.R.S., and W. Bowman, F.R.S., of King's College, London. With numerous Original Illustrations. Part III., Octavo, 7s.; also the First Volume, 15s. cloth. To be completed in Four Parts, forming Two Volumes.

The Nervous System and its Functions. By HERBERT MAYO, F.R.S., late Senior Surgeon of the Middlesex Hospital. Post Octavo, 6s. 6d.

Mayo on the Management of the Organs of Digestion in Health and in Disease. Second Edition, 6s. 6d.

New Books and New Editions.

On Spasm, Languor, and Palsy. By A. J. WILSON, M.D., Physician to St. George's Hospital. Post Octavo, 7s.

On Gout, Rheumatic Fever, and Chronic Rheumatism. By R. B. TODD, M.D., F.R.S., Professor of Physiology in King's College, London. 7s. 6d.

On the Nature of Thunderstorms, and on the Means of Protecting Churches and other Buildings, and Shipping, against the destructive effects of Lightning. By Sir W. SNOW HARRIS, F.R.S. Octavo, 10s. 6d.

On the Sanative Influence of the Climate of Pau, and of the Mineral Waters of the Pyrenees, on Disease. By A. TAYLOR, M.D. 10s. 6d.

Practical Geology and Mineralogy, and the Chemistry of Metals. By JOSHUA TRIMMER, F.G.S. Octavo, with 200 Illustrations, 12s.

Trimmer's Practical Chemistry for Farmers and Landowners. Post Octavo, 5s.

A Familiar History of Birds. By E. STANLEY, D.D., F.R.S., Lord Bishop of Norwich. Fourth Edition, 5s.

Minerals and their Uses; in a Series of Letters to a Lady. By J. R. JACKSON, F.R.S. With a Coloured Frontispiece. 7s. 6d.

JOHN W. PARKER, WEST STRAND, LONDON.

